

IMMIGRATION APPLICATIONFORM

PLEASE TYPE OR USE CAPITALS:

Family name (*surname*) _____ First name(s) _____ Date of birth (dd-mm-yyyy) _____ Place of birth _____ Nationality _____ Marital status: Single/Married _____ Passport number _____ Valid from _____ until _____

Address in the Netherlands

Street _____ Postal code and City _____ Country _____ E-mail address _____ Mobile phone nr _____

Current Residence Permit

Purpose of stay: _____ Applied by (name university): _____ If applicable; last study date at this university: _____ Valid from: _____ until _____ V-number: _____

By signing this form I authorize Saxion University of Applied Sciences:

- to obtain information about my (educational) background in the Netherlands at the Immigration Authorities and the university who is/was the sponsor of my current Residence Permit.
- to be my contact person for applying for my residence permit at the Immigration Authorities and to act on my behalf.

All correspondence concerning my stay in the Netherlands should be sent to

Saxion University of Applied Sciences
International Office
Postbus 70000
7500 KB Enschede, The Netherlands

- to withdraw my registration with the Immigration Authorities if I do not start the study programme, if I cancel/quit my studies or in case I do not pass at least 50% of the nominal study workload for (the part) of the academic period.

Date: _____

Signature student