Erasmus School of Accounting & Assurance

## Application for admission **Dutch Certified Auditor (RA) English Post-Master**

ESAA Accountancy Room M5-21 P.O. Box 1738 3000 DR Rotterdam T.+31 10 408 23 40 E. esaa-acc@ese.eur.nl

Personalia					
Surname (name on passport)			М	F	X
Given name(s) (names on passport)			First name		
Married name (if applicable)			Academic tit	les	
Home address					
Postal code and city					
Email address for correspondence			Phone numb	oer	
Place of birth			Date of birth	1	
Prior relevant education			ERNA ID (EU		
			(if applicable)		
<b>Employer information</b>					
Company name					
Current position within company					
Company address					
Company postal code and city			Company pho	one	
Supporting documents  We ask you to enclose copies of you on the basis of which you are apply information you provide. You may be program, you will receive a 'deficient of the completed by student	ying for admission to this program be invited to an admission interview	n. We will determine y v for further clarificati	our deficiencie on. If you are a	es based o admissible	n the
Location					
Date					
Signature					
Privacy Statement					
The personal data obtained throug	h this registration form will be use	d by the Erasmus Sch	nool of Accour	nting & Ass	surance
(ESAA) for the purpose of participal	_	-		_	
compliance with the Personal Data		•			-
Erasmus University Rotterdam (EUF		•		,	

ESAA is part of Erasmus University Rotterdam

