Erasmus School of Accounting & Assurance

Application for admission **English Post-Master Program** Registeraccountant (RA)

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

Personal details						
Surname (name on passport)			М	F		Χ
Given name(s) (names on passport)			First nar	ne		
Married name (if applicable)			Academ	ic titles		
Home address						
Postal code and city						
Email address for correspondence			Phone r	number		
Place of birth			Date of	birth		
Prior relevant education	rior relevant education		ERNA IC			
			(if applic	able)		
Employer information						
Company name						
Current position within company						
Company address						
Company postal code and city			Company	/ phone		
Supporting documents						
We ask you to enclose copies of you	our diplomas, grade lists, reading li	sts, course descriptic	ons and tr	anscripts c	of study	/ load
on the basis of which you are apply		·			_	
information you provide. You may b		_				
program, you will receive a 'deficie			-			
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To be completed by student						
Location						
Date						
Signature						
Privacy Statement						
The personal data obtained throug	_	_		_		
(ESAA) for the purpose of participa		•			-	
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