

Appendix 1. Residence Permit Statement

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| 1. Personal information (to be completed by the student): | |
| Surname: (as stated in your passport, should your passport state that you have 1 long name please write your entire name on one line) | |
| Given names: (as stated in your passport, should your passport state that you have 1 long name please leave this box empty) | |
| Married yes / no: | |
| Date of birth: | |
| Passport number: | |
| Expiry date of your passport: | |
| Place of birth: | |
| Nationality: | |
| Gender M/F: | |
| EUR student number (not compulsory if you are an exchange student): | |
| Home address: | |
| Postal code: | |
| City: | |
| Country: | |
| Email: | |
| Telephone number: | |

2. I will submit proof of financial means by

- Transferring the necessary amount to the university's bank account
The amount I will deposit is: €.....

The total amount I have available per month is

| |
|--------|
| €..... |
|--------|

3. Do you have a criminal record?

- yes
- no

If yes, please provide us with more information:

4. Have you visited the Netherlands before?

- yes
- no

If yes, when:

If you visited the Netherlands before with your current passport, please send us a copy of the passport pages containing the entry and exit stamps that you received when going through the customs.

Statement (please read all items carefully and tick the boxes before signing)

I hereby apply for the residence permit and I agree with the terms and conditions of the procedures offered by Erasmus University Rotterdam.

I agree to the payment of the tuition fee and the fee for the residence permit. I realise that I am responsible for covering any costs related to bank transfers myself.

I declare that in case my study period at Erasmus University Rotterdam exceeds one year, I will provide Erasmus University Rotterdam with a statement of sufficient financial means on a yearly basis. I am aware of the fact that failure to do so will result in deregistration at IND.

I hereby declare that I will contact my study advisor within 4 weeks in the occurrence of personal circumstances that have a negative effect on my study progress.

I hereby give permission to Erasmus University Rotterdam to notify the IND within 4 weeks in case of:
- Termination, interruption, postponement of my studies or other changes in my registration status;
- Failure to meet the [study progress requirements](#) set by the Dutch government

I am aware of the fact that such a notification may lead to the withdrawal of my residence permit.

I understand that my application may be delayed or cancelled if I submit inaccurate or incomplete information.

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|--------------------|
| Date: |
| Signature student: |

To be completed by the Erasmus University Rotterdam faculty coordinator (not by the student!):

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|-----------------|
| Name faculty: |
| Contact person: |
| Phone: |

