

**Admission form Course Auditor ('Aanschuifonderwijs')**

LAST NAME:

FIRST NAME:

INITIALS:

ADDRESS:

CITY AND POSTAL CODE:

PHONE:

E-MAIL:

DATE OF BIRTH:

PLACE OF BIRTH:

INTENDS TO ENTER THE FOLLOWING COURSE(S):

NAME COURSE	CODE	ECTS	PROFESSOR	SIGNATURE

TOTAL: \_\_\_\_\_ ECTS

TOTAL COST: \_\_\_\_\_ EURO'S

\_\_\_\_\_  
AUDITOR ('TOEHOORDER')

\_\_\_\_\_  
SIGNATURE

Mw. Dr. K.E. BIJKER  
EDUCATIONAL DIRECTOR

\_\_\_\_\_  
SIGNATURE

THE COMPLETED FORM SHOULD BE HANDED IN AT THE STUDY SECRETARIAT HMS,  
ROOM G-620, VAN DER BOECHORSTSTRAAT 9, 1081 BT AMSTERDAM