



NEDERLANDS-VLAAMS INSTITUUT IN CAIRO
المعهد الهولندي الفلمنكي بالقاهرة
NETHERLANDS-FLEMISH INSTITUTE IN CAIRO

REGISTRATION FORM

Participation Educational Programme NVIC

Arabic and Islamic Studies

BA Spring semester 2020

You are kindly requested to submit your registration before 1 December, 2019

Full name: _____

First name: _____

Place and date of birth: _____

Nationality: _____ Passport number : _____

Address in the Netherlands/Flanders: _____

_____ Phone number : _____

E-mail: _____

Contact address and - person in the Netherlands/Flanders: _____

_____ Phone number : _____

University in the Netherlands/Flanders: _____ Student # _____

Field of study : _____ Year of study : _____

Registered as a student during year of study?: YES / NO

Address in Cairo (if applicable) : _____

Previous study experience in the Arab world : _____

Date: _____ Signature: _____

STATEMENT OF CONSENT INSTRUCTOR

Undersigned , _____

Position: _____

declares his/her consent for the participation of above stated student in the educational programme.
(long programme / short programme – Please mark where appropriate).

Date: _____ Signature: _____