



Personal information (to be filled out by the student):

Surname _____

Given names _____ Married yes / no

Date of birth _____ City and country of birth _____

Nationality _____ male/female Student number _____

Home address _____

Postal code _____ City _____ Country _____

Email _____ Telephone number _____

I have:

My own financial means

Financial assistance by means of a scholarship Name scholarship _____

Financial assistance by means of other sponsor Name sponsor _____

Total amount available in Euro per month € _____ per month

At which Dutch Embassy or Consulate do you want to collect your visa?

Country _____ City _____

Do you have a criminal record? yes / no

Have you visited the Netherlands before? yes / no If yes, when: _____

Statement

I hereby apply for the entry visa and residence permit and I agree with the terms and conditions of the Visa Department of the International Office of Utrecht University.

I agree to the payment of the tuition fee and the fee for the entry visa and residence permit.

I hereby give permission to Utrecht University to notify the IND if I am no longer registered as a student or no longer meet the requirements for Satisfactory Academic Progress.

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

Date Sig

nature student

To be completed by the Utrecht University faculty co-ordinator (not by the student!):

Name _____ Faculty/Department/Institute _____

Phone _____ Fax _____ E-mail _____

I agree with the terms and conditions of the Visa Department of the International Office.

Date _____ Signature co-ordinator _____



VISA & RESIDENCE PERMIT APPLICATION / TEV

To be signed by applicant

I herewith apply for a residence permit for the maximum period of validity for myself. I have completed this form truthfully. I am aware that the personal details provided will be processed pursuant to the Aliens Act 2000 and will be passed on to the authorities that require this information to implement this Act. I will immediately notify the IND of any changes in the situation that relate to the right of residence. I grant permission to the educational institution mentioned in box 2 to notify the IND in case I am no longer studying there. Hereby I give my power of attorney to the institution mentioned here below to take the further necessary legal actions.

Name			
V-number		File number	
Town/city			
Date			
Signature			
I submit this form and			(number) appendices

Declaration of awareness study

- I declare that I am aware of the fact that:
- my stay in the Netherlands is permitted only for the purpose of study as indicated by the educational institute;
 - I will have to leave the Netherlands after completion or premature termination of my study, unless I change the purpose of stay;
 - The maximum period of stay for a preparatory course is one year; this period can not be extended; I can only stay after a preparatory period if I change the purpose of stay to 'higher education';
 - The stay for higher education is permitted for a period of one year and an application for an extension of this period must be submitted to the Immigration and Naturalisation Service no later than the day on which this period expires;
 - my residence permit may be revoked, or its extension may be refused, upon completion or premature termination of the study, or in the case of a poor commitment to my studies that has resulted in my taking a disproportionately long time to complete these studies and I will have to leave the Netherlands.

Declaration of circumstances

Please indicate below what situation(s) applies/apply to you (the applicant) since the issue of your MVV. This concerns changes that may affect your right of residence. Please enclose the requested documentary evidence with your application

<input type="checkbox"/>	Since the issue of my current provisional residence permit (MVV) there have been no changes to the facts or circumstances that affect the right of residence
<input type="checkbox"/>	The family situation with regard to myself or the person who supports me financially (my sponsor) has changed, namely:
<input type="checkbox"/>	Marriage/registered partnership. > Enclose a copy of the marriage certificate/deed of registered partnership
<input type="checkbox"/>	New relationship. > Enclose documentary evidence or declarations
<input type="checkbox"/>	Dissolution of marriage/end of relationship. > Enclose documentary evidence or declarations
<input type="checkbox"/>	Birth of a child. > Enclose a copy of the birth certificate
<input type="checkbox"/>	Death of a person. > Enclose a declaration (death certificate)
<input type="checkbox"/>	The income situation with regard to myself or to the person in the Netherlands who supports me financially (my sponsor) has changed. > Enclose the documents referred to in Appendix Proof of Income (<i>appendix of the form 'Aanvraag verblijfsvergunning met MVV', to be downloaded via www.ind.nl</i>)
<input type="checkbox"/>	Other, namely

Always enclose declarations and documentary evidence. You must always notify the IND immediately of any changes to your personal situation or to the situation of your sponsor and which affect your right of residence.



Tuberculosis

In order to obtain a residence permit, you (or the person whom you represent) must be prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. If you submit this Declaration of Intent for a Tuberculosis Examination to the Immigration and Naturalisation Service (IND) together with your application (and if you also meet all other conditions), the Immigration and Naturalisation Service (IND) will grant you a residence permit as soon as possible. You will be granted this permit on the specific condition that you actually undergo a tuberculosis examination within three months. Failure on your part – despite your signing of this Declaration of Intent – to undergo a tuberculosis examination within the three-month period following the issuance of a residence permit may result in cancellation of the granted permit.

Submit the completed and signed Declaration of Intent together with your application before you make an appointment with the Municipal Health Service (GGD). By signing this declaration, you declare that you are prepared to undergo a tuberculosis examination and, if necessary, treatment for tuberculosis. You must bring the Tuberculosis Examination Referral Form, completed as much as possible (Section A), to the appointment with the Municipal Health Service (GGD).

The examination requirement does not apply to citizens of the following countries: EU or EEA Member States, Australia, Canada, Israel, Japan, Monaco, New Zealand, Surinam, the United States of America, and Switzerland (including Liechtenstein). The examination requirement also does not apply to holders of a valid residence permit for an EEA Member State, an EU Member State or Switzerland, or if you hold an EG residence permit for long-term residents issued by another EU Member State or if you are a family member of a long-term resident and you have already been admitted to another EU Member State as a family member of such long-term resident.

<input type="checkbox"/>	I hereby declare that I am prepared to cooperate in the tuberculosis examination and, if necessary, to undergo treatment for tuberculosis.
<input type="checkbox"/>	I do not need a tuberculosis examination as I am a national of one of the following countries: Australia, Canada, Israel, Japan, Monaco, New Zealand, Surinam, Switzerland, United States of America or a country of the EU/EEA.
<input type="checkbox"/>	I do not need a tuberculosis examination as I am in possession of a valid residence permit as a (family member of a) long-term resident for an EU/EEA country or Switzerland.
<input type="checkbox"/>	I am aware of my obligation to undergo a tuberculosis examination within three months after the date on which the application for a residence permit was filed.

Failure on my part to comply with this requirement will have consequences for my right to stay in the Netherlands.

Declaration (Criminal record)

Indicate below which situation(s) applies to you

- I declare that:
- I have never had a prison sentence or a custodial measure imposed on me in respect of any crime;
 - I have never been ordered to carry out community service in respect of any crime;
 - I have never been ordered to pay an unconditional fine in respect of any crime;
 - I have never accepted a transaction proposition in respect of any crime;
 - I am presently not subject to prosecution in respect of any crime;
 - I have never been responsible for one of the following categories of actions referred to in Article 1F of the 1951 Geneva Convention on Refugees: crimes against peace, war crimes, crimes against humanity, serious non-political crimes (such as murder or terrorism), or any actions that contravene the objectives and principles of the United Nations (such as terrorist acts); and
 - I am aware that a conviction for having committed a crime can lead to a refusal or termination of my residence entitlement

- I am unable to declare the above for the following reasons:

Failure to complete this antecedents declaration truthfully may have consequences with regard to your right of stay.



Full name	
Date of birth	
Nationality	

How to use this Photo card:

1. Attach the photo with a **paperclip** with the picture facing down towards the paper.
2. Write your name and student number on the back of the picture.
3. Place your signature in the box in the left hand corner below. The signature must be completely within the box and be written in black ink.

Signature

Place your signature inside the box in black ink

Passport photo
must be 3.5 x
4.5 cm



SCHOLARSHIP CERTIFICATE

On behalf of the Board of Governors of:

Name educational institute:
Place:

Undersigned declares hereby that:

Surname student:	
Given names student:	
Nationality:	Date of birth:

will receive during the period:

Starting date / /	End date : / /
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a monthly scholarship of:

€

The scholarship is funded by:

Name institute or company:

In the frame of:

Scholarship programme:

Date:	Place:
Name:	Signature:

<u>Name Institute or Company funding the student</u>
<u>Address:</u>
<u>Postal code + city:</u>
<u>Telephone number:</u>

Stamp educational institute:



FINANCIAL STATEMENT SPONSOR FORM

I, the undersigned,

Name: _____

First name: _____

Born on: Day _____ / Month _____ / Year _____

Place of Birth: _____

Nationality: _____

Passport number or number of identity card _____
(please send copy of passport or identity card with this statement)

Tel.: _____

Address: _____

Zip code: _____ Place: _____

Country: _____

hereby declare that I will financially support the following student:

Name: _____

First name: _____

Born on: Day _____ / Month _____ / Year _____

Place of Birth: _____

Nationality: _____

Passport nr _____

during his/her studies in the Netherlands. I hereby guarantee that I will transfer a minimum allowance of

€ _____ per month

from (Start date): Day _____ / Month _____ / Year _____

until (End date): Day _____ / Month _____ / Year _____

I hereby enclose a recent bank statement (not older than three months) proving that I have enough funds to transfer the amount in the period mentioned.

Date: Day _____ / Month _____ / Year _____

Place: _____

Signature: _____