ONCAMPUS AMSTERDAM







Please write neatly using BLOCK CAPITALS in black ink or typescript.

Incomplete application forms submitted without ALL the supporting documents will delay the decision process.

| 1. Local school information | | |
|---|--|--|
| School name | | |
| 2. Personal details (must be completed) | | |
| Title (Mr/Mrs/Miss/Ms etc) | | |
| First name(s) | Family name | |
| Date of birth (dd/mm/yy) | Gender | |
| City and country of birth | | |
| Nationality (as passport) | | |
| Country of permanent residence | | |
| Home address | Correspondence address (if different) | |
| | | |
| Postcode | Postcode | |
| Country | Country | |
| Mobile (incl. country code) | Telephone (incl. country code) | |
| Student email | | |
| 3. Criminal convictions | | |
| Do you have any criminal convictions? | | |
| O Yes O No (Your enquiry cannot be processed if you do not complete this section) | | |
| 4. Payment of tuition fees | | |
| O Self O Parent/ Guardian O Company sponsor O Government sponsor | | |
| 5. Disability/special needs | | |
| * * | | |
| If you have a disability, impairment or medical condition which may affect your studies please provide details below. | | |
| I consent to ON CAMPUS processing my/the student's disability, impairment or medical condition information provided as part of this application. | | |
| Signature of student: Signat | ure of parent/legal guardian: | |
| You have the right to withdraw your consent at any time by emailing the | ON CAMPUS data protection officer on DPO@ceg-uk.com | |
| 6. Academic history | | |
| Have you ever studied in the Netherlands? O Yes O No | | |
| If you answered YES to the above question, please provide the following details: | | |
| Name of school/institution (in full) | | |
| Date of study | Course of study | |
| | | |

ONCAMPUS AMSTERDAM

APPLICATION FORM

| 7. Details of institution and course(s) for which you wish to apply | | |
|--|-------------------------|--|
| Date you want to start the programme: September 2024 | | |
| Undergraduate Foundation Programme (University of Amsterdam) Economics and Business Pathway BSc Actuarial Science BSc Econometrics & Data Science BSc Business Analytics BSc Economics & Business Economic BSc Business Administration (non-guaranteed) | cs | |
| 8. Guardianship (students under 17) | | |
| Students under 17 need to have a Guardian until their 17th birthday. Please provide details here: | | |
| Name of Guardian | Relationship to student | |
| On application, please enclose a copy of the Guardian's passport and proof of address in the Netherlands. | | |
| 9. Checklist | | |
| Before sending the application, please ensure you have: | | |
| ☐ Completed the application form in full and signed it | | |
| ☐ Enclosed copies of transcripts for all your relevant academic qualifications (with certified English translated copies if in any other language) | | |
| lacksquare Enclosed a copy of your passport and copies of any previous visas | | |
| ☐ Enclosed a financial guarantee/sponsor letter | | |
| ☐ Provided an explanation of any gaps in your academic record e.g. CV (if applicable) | | |
| ☐ Enclosed a certificate for a Secure English Language Test such as IELTS | | |
| 10. Declaration | | |
| I declare that I am applying to ON CAMPUS as a genuine student and that the information and supporting evidence and academic documents I have provided are true copies. I understand that by signing this declaration I have read, understood and agreed to the terms and conditions and fees of study at ON CAMPUS Amsterdam as outlined on the ON CAMPUS website www.oncampus.global/terms and agree to comply with immigration regulations at the time of application and during my course of study. | | |
| If you do not have access to the website or would like a written copy of the conditions of enrolment, you can request these from ON CAMPUS Central Admissions at admissions@oncampus.global | | |
| We would like to send you information about services relevant to ON CAMPUS students and your stay in Amsterdam if you are happy to receive such information. | | |
| I am happy to receive information about ON CAMPUS products and offers by: ☐ Email ☐ Telephone ☐ Text message ☐ Social Messaging ☐ Social Media ☐ Fax | | |
| Signature of applicant | Date | |
| Parent or guardian signature (if applicant is not the fee payer or is under 18) | Date | |

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