



ROTTERDAM UNIVERSITY OF APPLIED SCIENCES

AUTHORIZATION FORM

The undersigned;

Family name (as stated in your passport)	
First name (as stated in your passport)	
Date of Birth (DD/MM/YYYY)	
Nationality	
V-number IND (on the back of residence permit card, starts with VNR)	
BSN (Dutch citizen service number)	
Telephone number	
Student number	
Study programme	
Expected date (month-year) of graduation	

hereby authorizes Rotterdam University to perform all necessary actions concerning the application for the extension of the residence permit for the purpose of study on his/her behalf and declares the following:

Statement

I have sufficient financial means (at least € 14.616,00 per year or € 1.218,00 per month) to cover my expenses during my studies.

I have a bank account held in my own name, with a balance of €to cover my expenses.

I receive €..... a month from a person in the Netherlands.

I receive €..... a month from a person outside the Netherlands.

I am aware that the IND may verify the accuracy of this statement, either as part of random checks or as part of a targeted investigation. I am willing to provide the IND at their first request and within two weeks with all documents that show that I do in fact have access to the source of income set out above. I grant the IND permission to request information from the person, institution or organisation providing the funding for my studies, and to request information from the bank about the balance held in the account.

I also declare that I have a valid healthcare insurance policy that covers my entire stay in the Netherlands. I grant the IND permission to request information about my insurance policy.

The information I have provided with this form is complete and true.

City:

Date:

Signature