



**Application form new Admissibility Statement**

For the following degree program

Surname

First name

Birth names --------------------------------------------------------------------------------------------

Address and number:

Postal code

Residence

Phone number

Date of birth

Place of birth

Country of birth

Email

\*Make sure your email address is correct. All communication will continue through email.

**Send the following to complete your application:**

* A proof of payment of € 50,- of the processed payment order.
	+ Bankaccount: NL52DEUT0428925111 in the name of Hogeschool van Amsterdam.
	+ Mention the following: **Kp 230105, 21+ and our first name and last name**.
* Copy of identification.
* Copy of a previously obtained Admissibility Statement.

Residence

Date \_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_

* You can email this form (including the attachments) to: toelatingstoets@hva.nl