



Declaration educational institution

Kingdom Scholarship

This form

The educational institution where you follow a full-time study course can use this form to declare that you comply with the conditions of the Kingdom Scholarship. The form must therefore be filled in by the educational institution, for example by an employee of the International Office. Does your institution not have an International Office? Then ask your mentor or course supervisor about who within your institution is authorised to sign this declaration

Send in

Send the form, which has been fully completed and signed by your educational institution, together with proof of registration, a copy of your passport and the application form that you have completed, to: koninkrijksbeurs@rijksdienstcn.com

More information

For further information about the Kingdom Scholarship, please visit rijksdienstcn.com/kingdomscholarship

1 Student details

Name *	Surname	<input type="text"/>
	First names in full	<input type="text"/>
First name		<input type="text"/>

2 Details educational institution & registration full-time study course

Educational institution *	<input type="text"/>	
Name of course *	Enter the official name of the course for which the student will be registering <input type="text"/>	
Level *	Which diploma will the course result in? (For example: master, bachelor, ad, or mbo/sbo diploma level 3 or 4) <input type="text"/>	
Address of institution *	Street and house number + extension	Postcode (if applicable)
	<input type="text"/>	<input type="text"/>
	Town/city	Country
	<input type="text"/>	<input type="text"/>
Course type *	<input type="checkbox"/> Student has registered for a full-time course	
	<input type="checkbox"/> Student has registered for a part-time course, dual course or another type of non-full-time course	

3 Details about the exchange programme or Internship

Internship or exchange programme * Internship _____

Exchange programme _____

Start and end date * Start date internship or exchange programme (ddmmyyyy) End date internship or exchange programme (ddmmyyyy)

Duration exchange or internship * Total duration
 months and das

Destination * Enter the destination where the internship or exchange programme of the student will take place

4 Information about the exchange programme (In case of internship, skip this section and go to section 5)

Receiving educational institution * _____

Address of institution * Street and house number (+ extension) Postcode (if applicable)

Town/city Country

ECTS/study points/study hours * Total number ECTS, study points or study hours in the intended learning programme

Intended learning programme at the receiving institution * Write as follows: 'subject/course - number of study hours/ECTS/study points'

5 Information about the internship (In case of exchange programme, skip this section and go to section 6)

Internship provider * Company or organisation Contact person (if known)

Address of internship location * Street and house number (+ extension) Postcode (if applicable)

Town/city Country

Is the internship a compulsory or extra-curricular part of the course? * Yes No

It is sufficiently plausible that the student will be following an internship at the destination and in the period mentioned in section 3 of this form? * Yes No

> Please note: if the student receives a scholarship, but does not start the exchange programme, this will result in the received subsidy being reclaimed.

6 Study progress

As authorised representative of the educational institution referred to in section 2 of this form, I confirm that the student that is submitting this application has fully completed the first year of the course for which the student is registered full-time (not applicable to master's students)

Signature

7 Double subsidies

(Solamente aplikabel pa studiante Hulandes Oropeo i studiante di SGB Bonaire)

Only applicable to European Netherlands students and students of SGB Bonaire

As authorised representative of the educational institution referred to in section 2 of this form, I confirm that the student that submitted this form does not receive an NL Scholarship or contribution from the 'KoninkrijksbPV' internship fund for the activity mentioned in part 4 or 5 of this form*

Signature

8 Signature

As authorised representative of the educational institution referred to in section 2 of this form, I confirm that I have completed this form truthfully and in full*

Date (ddmmyyyy)

Position, initials and surname representative of educational institution

Signature

- > RCN/OCW processes data in accordance with the requirements stipulated in privacy-related legislation
- > Questions marked with an * must be answered
- > Has the student's proof of registration been attached?