

Enrollment in two-year postgraduate study program at the TU/e

TU/e Student ID number: (if known)

First names: _____ Name you are known by: _____
 Surname/family name _____ Title: _____
 Date of birth (dd/mm/yy): _____ Male Female
 Place of birth: _____ Country of birth: _____
 Nationality: _____ Marital Status: _____

Contact address (for post from TU/e):

Street and house number: _____
 Zipcode/postcode: _____ Town/city: _____
 Country: _____
 Telephone number: _____ Mobile number: _____
 Email address (not TU/e address): _____

Contact address in emergencies:

First name: _____ Telephone number: _____
 Surname/family name: _____ Telephone number: _____
 Relationship to student (parent, brother, sister, etc.): _____

Enrollment details (check where appropriate):

- | | |
|---|--|
| <input type="checkbox"/> CI (Clinical Informatics) | <input type="checkbox"/> ST (Software Technology) |
| <input type="checkbox"/> IE (Industrial Engineering) | <input type="checkbox"/> QME (Qualified Medical Engineer) |
| <input type="checkbox"/> DTI (Design and Technology of Instrumentation) | <input type="checkbox"/> PPD (Process and Product Design) |
| <input type="checkbox"/> DEES-ICT (Information and Communication Technology) | <input type="checkbox"/> DEES-HSD (Healthcare Systems Design) |
| <input type="checkbox"/> USI (User-System Interaction) | <input type="checkbox"/> JADS (Data Science) |
| <input type="checkbox"/> SEBC (Smart Energy Building & Cities) | <input type="checkbox"/> ASD (Automotive Systems Design) |

Start date: (dd/mm/yy) _____ End date: (dd/mm/yy) _____

Previous enrollment at a university and/or institute of higher vocational education with final diploma:

Name of educational institution: _____
 Location of educational institution (town/city + country): _____
 Full name of program: _____
 Starting date: (dd/mm/yy) _____
 End date: (dd/mm/yy) _____ Date of diploma: (dd/mm/yy) _____

Documents to be enclosed:

- Copy of passport

Signature:

The undersigned declares that the above details have been filled in correctly and requests to be enrolled as stated above.

Town/city: _____ **Date:** _____ **Signature:** _____

Please note that your department secretary has to sign this document below.

(not to be filled in by the student):

RN: _____ Date processed: _____ Signature of department secretary: _____
 Initials ESA: _____ Stamp: _____

After the student has filled in the form, it has to be signed and stamped by the department. The student then submits it in to the Education and Student Affairs. He/she can also send the form by post to the following address:

Eindhoven University of Technology
Attn. Education and Student Affairs (ESA)
MetaForum 1.300
P.O. BOX 513
5600 MB EINDHOVEN
The Netherlands