



INDIVIDUAL ENTRY FORM

Country:
University:
Family Name:
First Name:
Sex (m/w):
Date of birth:
Faculty:
Field of study:
Year of study:
Graduation date:
Passport (ID card) Nr. :
Address:
City:
General remarks (vegetarian,...)

Photo

Signed by:
Name:
Position:
Date:
Signature:

Seal

EUSA approval: