

AUTHORIZATION FORM FOR STUDY PROGRESS MONITORING

I, the undersigned,

Please complete in CAPITAL letters!

Last name (as stated in passport)	
First name (as stated in passport)	
Date of Birth (dd-mm-yy)	
Nationality	

hereby give my permission for the Immigration Office at Tilburg University to share information regarding my study progress with the Academic Advisor at my School, the Dean of Students and the Dutch Immigration Service while I am registered as a student at Tilburg University.

REQUIREMENTS

As a bachelor or master student, I am aware that I need to obtain at least 50% of the nominal number of ECTS per academic year or part of it in case I have started my studies at a later date than 1 September. *

As a premaster student, I am aware that I am required to finish the premaster within 12 months.

I am aware that if I encounter problems that keep me from meeting the applicable requirement, I must inform my Academic Advisor or Program Coordinator and the Dean of Students at the time the problems occur. Only students with a valid reason will not be reported to the IND.

The following reasons can possibly prevent my residence permit from being revoked:

- serious illness;
- exceptional family circumstances;
- pregnancy;
- physical, sensorial or other functional disturbance;
- membership or position on a university board;
- insufficiently feasible study program.

TIMEFRAME

I am aware that study progress will be monitored every academic year. The credits obtained between September 1 and Augustus 31 of the following year will be taken into account for that specific academic year. After each academic year, Tilburg University will determine my annual study progress.

CONSEQUENCES

I am aware that if I do not have sufficient study progress at the end of one academic year and I do not have a valid reason approved by the Dean of Students, the Immigration Office of Tilburg University needs to report this to the Dutch Immigration Service (IND). The IND will then revoke my residence permit for study purposes. I am aware that consequently, I will have to withdraw from my study program at Tilburg University and I will either have to switch to another Dutch educational institution, change the purpose of my stay, or leave the Netherlands.

Place : _____

Date (dd-mm-yy) : _____

Signature
(as stated in passport)

* More information can be found here: <http://www.tilburguniversity.edu/education/immigration/noneu/currentstudent/>