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Please complete it, sign it	t and return it to the AIU Univers	sity via scanning & email first and then mail it
Name:	Surname:	
Country:	Date of birt	th:Resident:
Zip Code:	Permanent Address:	
Phone:		Email:
ID:	Passport:	Nationality:

Being interested in following an AIU University program to earn a **Bachelor Master of Science**

Arts□ or a Doctorate □PhD □degree in	n
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or Certificate
Diploma
Associate
degree in

Previous Education

Institution	Degree	Credits	Subject	Grands
ex. University AIU	ex. BSc	ех. 60ЕСТ	ex.Psychology	ex. Distinction





Working Experience

Position	Duration	Employer	Responsibilities	City	
ex. Psychologist	ex. 1 year	ex. AIU	ex. Sessions	ex. Athe	ens
Languages:			Level:		
		hich characterizes yo	Level: u:		NO
Please reply by	choosing the box wl	hich characterizes yo	u:	YES	
Please reply by	choosing the box wl	hich characterizes yo			
Please reply by	choosing the box wl	hich characterizes yo	u:		
Please reply by 1. Do you have a need to be me	choosing the box wl ny health condition c ntioned?	hich characterizes yo	u: addiction issues that	YES	NO

4. Have you ever been expelled from a school or other educational institution?

If your answer is **YES** to any of the above questions please refer analytically:

By signing this application you declare that you have read & agreed with the AIU B.V. Terms & Conditions.

I declare that all the information I have provided is true and I take full responsibility knowing the sanctions that may arise in case any of the above information is false.

Signature

