

CONSENT FORM

Fill in your file number, family name and first name **before printing**

FILE NUMBER

FAMILY NAME

FIRST NAME

STATEMENT OF HONOUR BY THE APPLICANT

I hereby certify that the information provided in this application is **accurate and complete**. I understand that inaccurate, incomplete or illegible information may affect my application and my enrolment. Misrepresentation of this information is ground for admission denial, expulsion from Ghent University or cancellation of the scholarship (when applicable).

I understand that, as an international student in Belgium, I am **required by Belgian Law** to prove that I am covered by a valid health insurance policy.

I confirm that I possess **substantial financial and material means** to support myself for the complete duration of my stay as a student and therefore I acknowledge that I cannot claim financial or material aid from Ghent University. Proof can be required at the time of enrolment.

Date

Place

Name & signature

CONSENT FOR DISCLOSURE OF ACADEMIC AND PROFESSIONAL INFORMATION

I, the undersigned, hereby give my consent to **The Registrar's Office, Department of Educational Policy of Ghent University** to request information about my academic qualifications and professional experience, as stated in this application, for the purpose of collecting and verifying this information in relation to my application.

Date

Place

Name & signature