

ANNEX 1 Application form for the CIIMT master's degree programme

1. Personal details

Surname:	
Given names, in full:	
First name:	
Title(s):	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female

2a. For students working for the Netherlands Ministry of Defence

Position:	
Rank/scale:	
Appointment (FPS phase 1, 2, 3; permanent/temporary appointment; or else):	
Service of the armed forces/section of the service/unit:	
PeopleSoft number:	
Have you taken a degree programme or other course at the NLDA before?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2b. For students working for an organisation other than the Netherlands Ministry of Defence

Position:	
Organisation:	
Department:	
Address:	

[PRIVATE AND CONFIDENTIAL]

3. Prior education:

Do you have an NLDA accredited BSc./ MSc. degree?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Highest qualification:	<input type="checkbox"/> Bachelor of applied science <input type="checkbox"/> Master of applied science <input type="checkbox"/> Bachelor of science <input type="checkbox"/> Master of science <input type="checkbox"/> Other.....
Name of highest qualification:	
Major/specialist area?	
From which educational establishment?	
When did you graduate?	
What was the subject/title of your dissertation?	
What was the final mark for your dissertation?	
Which certificate of English language proficiency do you have? What mark were you awarded? Or: on what are you basing your level of English language proficiency? (Teaching and Examination Regulations, Article 3.4 paragraph 4).	
Other relevant programmes of study:	

4. Contact details

Surname:	
Given names, in full:	
First name:	
Address (home address):	
Postal code and town/city:	
Date of birth:	
Place of birth:	
Country of birth:	
Nationality:	
E-mail:	
Personal telephone no.:	
Work telephone no.:	

5. Emergency contact

Surname and initials:	
First name:	
Relationship:	
Address:	
Telephone:	

6. Privacy policy

I have read and I agree to the privacy policy for students (Annex 1).

Signature:

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