

Statement of Educational Institution

To be completed by the student or a School Counsellor/School representative

This form will help the Student Admission office of Radboud University establish a reliable and complete overview of information about the student's educational background in more detail than the grade list alone. Submission of this form ensures that the applicant's eligibility is accurately and promptly assessed for admission.

We would appreciate it if you could complete the form to the best of your knowledge so that it can be included in the application to Radboud University. You can contact us with any questions at admissions@ru.nl.

Information: student		
First name(s) Last name(s)		
Date of Birth (dd/mm/yyyy)		
Information: school		
The Undersigned certifies that th	ne above-named student is currently a student at the following school*:	
*Please give the full name and add	dress of the school, including the country where the school is located.	
Profile/program/specialization/s	ection/stream/track/série (if applicable):	

Please indicate in Tables 1 and 2 below the subjects the student is following. Please indicate whether or not the subject is a final examination subject, and if so, whether the exam will be a school exam or a central exam, such as a national exam, an International Baccalaureate (IB) exam, a European Baccalaureate (EB) or an Advanced Placement (AP) exam.

Table 1: Final examination subjects						
Final examination subjects	Level	Teaching hours per week (1 lesson = 1 teaching hour)	Predicted grade (if applicable)	Central examination		
			·	Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		
				Yes / No		

^{*}For applicants completing an American High School Diploma: Please list all AP courses and indicate which AP courses/exams have already been taken or will be taken. Please note that only AP exams administered by the College Board are accepted.



Table 2: Additi	ional subjects taken du	ring the final year	
Subject name	Level	Teaching Hours per week	Predicted grade (if applicable)
			<u> </u>
The above-named student is expected to graduate	on/receive the diplom	na/certificate on (dd/mm/yyyy)*:
*If the exact date of graduation is not yet known, ple should be before September 1, 2022. with the following diploma (please write the official	ŕ	,	-
case, in the Latin/Roman alphabet):			
Please only answer this question if it pertains to y If your country has a national university entrance of	-	aking it, i.e. GaoKao, TYT + AYT	Yes / No
I can confirm that the a	above information is tru	ue at the date of signature.	
Date (dd/mm/yyyy)			
Please put your signature in the box or - if you ar able to - type your full name in the box	e not		
Please note: If the school completes the form, we that they also fill in their name and signature in t boxes below:			
Name school counselor / representative			
E-mail address school counsellor / representative			
Signature school counsellor / representative			