



Academic year: 20..... / 20.....

Hereby declares,

surname (responsible person at Higher Education)

first name

title

phone

e-mail

That the following athlete officially will be classified as Elite student athlete, to support and facilitate a dual career during the academic year: 20.. / 20..

PERSONAL DATA

Surname

First name

Gender

Date of birth

Place of birth

Phone

E-Mail

Student number

Study programme

Study year

SIGNATURE

Name: responsible person higher education

Title:

Name Higher Education institute:

