

**CONFIDENTIAL****Advice form student counselor****Personal information**

Name and first names of the student	
Birthdate and place	
Street and house number	
Zipcode and city	
Phone number	
E-mail address	
Educational institution	

Study information

Start date of study	
Field of study	
Grade average	
Number of credits obtained so far	

Information foreign study experience

Student has self-declared that this is his/her/their first foreign study experience.

Country	
Study focus area	
Host institution / organization	
Start and end date of stay	
Departure date	
Reason for the foreign experience	
Obligatory part of studies? Y/N	
Number of study credits to be obtained	

Debts

Student debt DUO	
Other outstanding debt(s)	

**Budget**

<i>Income</i>		<i>Expenses</i>	
Basic grant DUO		Travel expenses	
Supplementary DUO		Rent	
Tuition fees loan DUO		Daily expenses	
Loan DUO		Tuition fees	
Public transport card		Study related costs	
Room (sub)rent		Insurance	
Labor		Vaccinations, etc.	
Contribution parents		Research costs	
Savings/own contribution		Subscriptions	
Foundations or Funds*		Other costs***	
Other income/loans**		Unforeseen (5%)	
Total	€ 0,00	Total	€ 0,00
		Balance	€ 0,00

Specification:

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Advice to Amsterdam University Fund*[Here, the student counsellor will write the advice regarding the application for financial support]*

Name student counsellor:

Department:

Address:

Email address:

Telephone number:

Date:

Signature: