

INCOMING STUDENT APPLICATION FORM ACADEMIC YEAR 2022- 2023

Please fill in this form (CAPITAL LETTERS), sign, get signed by your institution coordinators and send back **by e-mail** to bureau.mobilite@condorcet.be
!/ \ Note that our courses are provided in French only

FIELD OF STUDY →	
TYPE OF MOBILITY →	Internship / courses (<i>Delete as appropriate</i>)

STUDENT PERSONAL DATA		
Name:	First name:	<div style="border: 1px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"> Picture </div>
Date of birth:	Place of birth:	
Age:	Sex: M/F	
Nationality:		
ID or passport number:		
Current address:		
Permanent address (if different):		
Phone number:		
E-mail:		
❖ Please attach a copy of your identity card (both sides).		

PREVIOUS AND CURRENT HIGHER EDUCATION STUDY
Degree programme you are currently studying for:
Number of higher education years prior to departure abroad:
What is your level of FRENCH (minimum B1-B2 required)?
❖ Please attach the transcript of record of the last year and a certificate of your French language level.

STUDY PERIOD AT THE HEPH CONDORCET
Duration: months → From ...(day)/...(month)/...(year) to .../ ... /....
Number of expected ECTS:

COMPLEMENTARY INFORMATION

Health: Do you have any health problem needing special care/attention? If so, please indicate which : ...

University college life: For a better integration, do you want to be mentored by a local student?

You'll get paired with another student. This system helps to promote friendship, better support of coursework, behavioral and social needs, and can foster a greater sense of belonging and a more inclusive school community. Yes - No

RECEIVING INSTITUTION ERASMUS CODE : B MONS 23

Name: HEPH Condorcet

Address: Chemin du champ de Mars, 17 - 7000 Mons (Belgium)

Institutional coordinator : Claire AVRIL +32 492 91 52 18 ▪ bureau.mobilite@condorcet.be

Departmental coordinator :

SENDING INSTITUTION ERASMUS CODE : ...

Name:

Address:

Institutional coordinator :

Departmental coordinator :

SIGNATURES (+ stamp from the institutions)

SENDING INSTITUTION			RECEIVING INSTITUTION	
STUDENT	Departmental coordinator	Institutional coordinator	Departmental coordinator	Institutional coordinator
Date:	Date:	Date:	Date:	Date: