

INCOMING STUDENT APPLICATION FORM ACADEMIC YEAR 2026 - 2027

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

Field of study :

Type of mobility : Internship / courses*

**Delete as appropriate*

Student Personal Data*

Name : First name :

Date of birth : Place of birth :

Age : Sex : M/F/X

Nationality :

ID or Passport number :

Current address :

Permanent address (if different) :

Phone number :

E-mail :

Picture

***Please attach a copy of your identity card (both sides)**

Previous and current higher education study*

Degree program 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 / / to / / (Day/Month/Year)

Number of expected ECTS :

Complementary information

Specific needs : Do you have any specific physical, mental or medical needs that require special attention and assistance?

Yes – No

If yes, please contact the support service for students with specific needs (SAPEPS) the month before your arrival for assistance (nathalie.vanzeveren@condorcet.be)

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 : Digue de Cuesmes, 29 – 7000 Mons (Belgium)

Institutional coordinator :

Claire AVRIL - bureau.mobilite@condorcet.be - +32 (0) 479 94 73 85

Departmental coordinator :

Sending institution Erasmus code :

Name :

Address :

Institutional coordinator :

Departmental coordinator :

By signing this document, the host institution certifies that the student is covered by insurance that meets, at least, the requirements of the Erasmus agency.

Signatures (+ stamp from the institutions)

Sending institution

- Student

Date :

- Responsible

Date :

Receiving Institution

- International coordinator

Date :