# ERASMUS APPLICATION for Academic Studies at

**HAUTE ECOLE LOUVAIN EN HAINAUT**

20.. / 20..

<table>
<thead>
<tr>
<th>Name of the applicant :</th>
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<tr>
<td>From (university city, country) :</td>
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<tr>
<td>Study area :</td>
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<tr>
<td>Hosting city of HELHa in Belgium :</td>
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1. Student Application Form.
2. Accommodation booking form
3. Proposed Learning Agreement
4. Transcript of Exam Results

**Submit application to:**

Isabelle SIGHEL, International Department
Haute Ecole Louvain en Hainaut
Chaussée de Binche, 159
BE-7000 Mons

Tel : 0032 65 40 41 66  
Fax: 0032 65 34 04 52

Email: isabelle.sighel@helha.be  
Website: [www.helha.be](http://www.helha.be)

**Via your International Office**
STUDENT APPLICATION FORM

FIELD OF STUDY: ............................................  ACADEMIC YEAR  2... / 2...
This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION
Name and full address: ......................................................................................................

Department coordinator - name, telephone and telefax numbers, e-mail box
..............................................................................................................................................

Institutional coordinator - name, telephone and telefax numbers, e-mail box
..............................................................................................................................................

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name: .................................  First name : ..............................................................

Date of birth: .................................. Place of Birth: ..............................................

Gender: .................................  Nationality:................................................

Home address: ..............................................................................................................

Tel.: ........................................ Mobile : ................................................

E-mail : ......................................

Application details

Academic period from  ................. to  .................  Number of months ............

Expected date of arrival in Belgium :  ...................... Expected ECTS : ............

Academic programme for which you are applying :  ..............................................
in the department of  .................................................................................................

LANGUAGE COMPETENCE

Mother tongue: ................................. Language of instruction at home institution (if different):  .................................

<table>
<thead>
<tr>
<th>Other languages</th>
<th>I am currently studying this language</th>
<th>I have sufficient knowledge to follow lectures</th>
<th>I would have sufficient knowledge to follow lectures if I had some extra preparation</th>
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<tr>
<td></td>
<td>yes</td>
<td>no</td>
<td>yes</td>
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<tr>
<td></td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
</tbody>
</table>

Version March 2013
WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

<table>
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<tr>
<th>Type of work experience</th>
<th>Firm/organisation</th>
<th>Dates</th>
<th>Country</th>
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PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: .................................................................
Number of higher education study years prior to departure abroad: ..................................................
Have you already been studying abroad? Yes ☐ No ☐
If Yes, when? at which institution? ..................................................................................................

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Acceptance and conditions of study placement

By signing this form you are indicating that you will observe and be subject to the regulations of the Haute Ecole Louvain en Hainaut for the duration of your study period.
As an ERASMUS student you will be exempt from tuition and examination fees but you will be responsible for the cost of accommodation, subsistence and personal expenditure. It is your responsibility to make any insurance arrangements which may be necessary. Please note that the Haute Ecole Louvain en Hainaut declines all responsibility for any accident, illness, injury, loss or damage to persons or property resulting from or in any way connected with activities which form the subject of this application. Your attention is drawn to the advisability of taking out medical, personal injury, personal property, liability and other relevant insurance for the period of the placement.
The Haute Ecole Louvain en Hainaut reserves the right, without notice, to cancel courses, to make alterations in the timing and content of courses and to vary syllabuses. No liability will be accepted arising out of, or in connection with, such cancellations or alterations.

I accept the conditions attached to this ERASMUS application at the Haute Ecole Louvain en Hainaut.

Signed …………………..  Date …………………..  

This application must be verified by your Erasmus Institutional coordinator

Signed …………………..  Date …………………..  

To be filled in by the receiving institution:

Your application has been ☐ fully accepted ☐ provisionally accepted ☐ rejected

Department coordinator at HELHa  Institutional coordinator at HELHa

Date :  Date :

Comments from the receiving institution:
ERASMUS ACCOMMODATION BOOKING FORM 2.... / 2...
(Please print clearly as all registration documentation will be generated using the information you provide here)

**PERSONAL DETAILS:**

Name: (first name, surname) __________________________________________________________

Permanent Home Address: ______________________________________________________________________________________

E-mail Address: ______________________________________________________________________________________________

Telephone Numbers:
(Home)____________________ (Mobile)___________________ Date of Birth: ___/___/___

Sex: M / F Marital Status: ____________ Smoker/Non Smoker

**ACCOMMODATION DETAILS:**

Accommodation options are a single room (sometimes a twin room) in

- [ ] a private house belonging to a landlord/lady (self-catering) (in the city of: ……………………..)
- [ ] a house or apartment shared with other (foreign) students (self-catering) only in [ ] Mons or [ ] Tournai

Will you need
- [ ] bed linen
- [ ] kitchen utensils

Details will be sent to you on all options on acceptance into HELHa.

Do you wish to share a house with any other students from your college: Yes / No

If Yes, with whom: ____________________________________________

(We recommend that no more than 2 students from each college/country live in one house for language purposes)

Do you have any special requests regarding accommodation:

________________________________________________________________________________

Date you expect to arrive in Belgium: ____/____/____ Time: ________

Arrival by: [ ] Plane to Brussels [ ] Plane to Charleroi [ ] Train [ ] Car

Details on your accommodation options per above (on acceptance into HELHa) will be posted to you by the Department coordinator. One photograph is required with this form.
Name of student: .........................................................................................................................
Sending institution: ....................................................................................................................
Country: ................................................................................................................................

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

<table>
<thead>
<tr>
<th>Course unit code</th>
<th>Course unit title</th>
<th>Number of ECTS credits</th>
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if necessary, continue the list on a separate sheet

Student’s signature: ........................................... Date: ..........................................................

SENDING INSTITUTION We confirm that the proposed programme of study/learning agreement is approved.

Departmental coordinator’s signature: .......................................................... Institutional coordinator’s signature: ..........................................................
Date: .......................................................... Date: ..........................................................

RECEIVING INSTITUTION We confirm that this proposed programme of study/learning agreement is approved.

Departmental coordinator’s signature: .......................................................... Institutional coordinator’s signature: ..........................................................
Date: .......................................................... Date: ..........................................................
4. A transcript of the Exam Results (current year and/or previous years if current is not available) of the applicant must be joined to the application form. This transcript must be certified by the sending institution and include all results obtained by the applicant at the sending institution.