



Haute École Louvain **en Hainaut**

ERASMUS APPLICATION for Academic Studies at

HAUTE ECOLE LOUVAIN EN HAINAUT

20.. / 20..

Name of the applicant :

From (university city, country) :

Study area :

Hosting city of HELHa in Belgium :

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

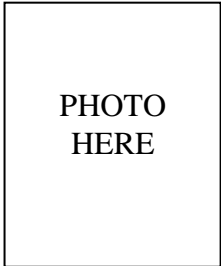
Email: isabelle.sighel@helha.be

Fax: 0032 65 34 04 52

Website: www.helha.be

Via your International Office

Chaussée de Binche, 159 BE – 7000 Mons
 Tel : +32 65 40 41 66 Mobile : +32 474 99 59 80
 Fax : +32 65 34 04 52 E-mail : isabelle.sighel@helha.be



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

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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):

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

ECTS - LEARNING AGREEMENT
ACADEMIC YEAR 2 / 2
FIELD OF STUDY at HELHa :

Name of student :
Sending institution:
Country:

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT

Receiving institution: Haute Ecole Louvain en Hainaut (B MONS22) Department :
Country: Belgium City :

Course unit code	Course unit title	Number of ECTS credits

if necessary, continue the list on a separate sheet

Student's signature	Date:
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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:

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**ERASMUS APPLICATION TO
HAUTE ECOLE LOUVAIN EN HAINAUT
2013/2014**

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.