



INCOMING STUDENT APPLICATION FORM ACADEMIC YEAR 2025- 2026

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

TYPE OF MOBILITY → Internship / courses (Delete as appropriate) STUDENT PERSONAL DATA Name: First name: 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 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(day)/(month)/(year) to// Number of expected ECTS:	FIELD OF STUDY →						
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COMPLEMENTARY INFORMATION

<u>Specific needs</u>: 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)

<u>University college life</u>: 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

Name: HEPH Condorcet

Address: Digue de Cuesmes, 29 - 7000 Mons (Belgium)

Institutional coordinator: Claire AVRIL +32 479 94 73 85 • bureau.mobilite@condorcet.be

Departmental coordinator:

SEN	DING	INSTITI	ITION	I FR A SMI	JS CODE:
JLIN	DING	IIIOIII			J3 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		RECEIVING INSTITUTION						
STUDENT	Responsible	Departmental	Institutional					
		coordinator	coordinator					
Date:	Date:	Date:	Date:					