

**This application Form should be completed in black and capital letters in order to be easily copied or scanned.**

This document must be filled in by the applicant and sent to:

<b>For:</b> Engineering, Human and Social Sciences, Sciences, Medicine and Pharmacy, Architecture and Urban Planning <b>Marine VECCHIATO</b> <a href="mailto:Marine.VECCHIATO@umons.ac.be">Marine.VECCHIATO@umons.ac.be</a>	<b>For:</b> Business Administration, Psychology and Education <b>Eleonora FUSELLA</b> <a href="mailto:Eleonora.FUSELLA@umons.ac.be">Eleonora.FUSELLA@umons.ac.be</a>	<b>For:</b> Translation and Interpretation <b>Sarah GRAINDORGE</b> <a href="mailto:Sarah.GRAINDORGE@umons.ac.be">Sarah.GRAINDORGE@umons.ac.be</a>
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**UMONS – International Relations Office INCOMING**  
Place du Parc, 22  
B-7000 MONS

- **Before May 31<sup>st</sup>**, if the stay is during the first semester (14/09/2021 – 31/01/2022) or the full academic year;
- **Before November 30<sup>th</sup>**, if the stay is during the second semester (01/02/2022 – 30/06/2022).

With the following documents:

- a **Learning Agreement** completed and signed by the applicant and approved by the coordinator of the sending institution;
- a copy of an **ID-card** or a **passport**;
- a copy of an **European Card of Health Insurance** or a **Certificate of a private health insurance** who covered during your stay at UMONS;
- a copy of **transcripts of records** (previous and current higher education);
- one coloured **photo** attached on page 2.

#### **Accommodation**

Please note that the useful information will be communicated to you as soon as your application is validated by your host faculty coordinator (Student Application Form and Learning Agreement).

For more information about accommodation in our university residences, please follow this [link](#).

**Espace réservé au Service des Relations Internationales (UMONS) :**

**Date de réception :**  
**Remarques :**

**STUDENT'S PERSONAL DATA**

Surname(s): .....

Firstname(s): .....

Gender:  male  female

Date of birth: .....

City of birth: .....

Country of birth: .....

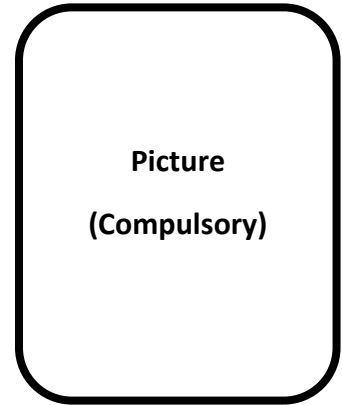
Nationality: .....

Civil status:  single  married  divorced

Email: .....

Mobile phone number: .....

Are you a special needs student<sup>1</sup>?  Yes  No



**Home country official address<sup>2</sup>**

Street: .....

Nr: ..... Apartment: ..... Zip code: .....

City: .....

Country: .....

<sup>1</sup> a student with a disability, a proven deficiency, a specific learning disability or a disabling illness whose interaction with various barriers may hinder their full and effective participation in their academic life on the basis of equality with others. (Study Regulations 2016-2017).

<sup>2</sup> This address will be used to send your Letter of Acceptance if you need one.

**Please note that:**

- **Most of the courses are taught in French;**
- **The intensive session and regular classes of French for foreigners are completely free of charge for incoming students on mobility at UMONS.**

Native language: .....

Level of language competence in French<sup>3</sup>:  A1  A2  B1  B2  C1  C2

Level of language competence in English<sup>2</sup>:  A1  A2  B1  B2  C1  C2

Academic curriculum summary (Higher education prior to 2020-2021):

Year	Name of the institution	Studies completed	Results
2018-2019			Failed
			Success
2017-2018			Failed
			Success
2016-2017			Failed
			Success
2015-2016			Failed
			Success

**Please annex a copy of your Transcripts of Records (previous and current higher education).**

**If you have to work on a final master thesis at UMONS, we ask you to attach a letter explaining the projects you would like to work on and the names of the professors who are entitled to coach your project in your home university and at UMONS.**

<sup>3</sup> Please refer to the CEFR (Common European Framework of Reference for Languages).

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**HOME INSTITUTION**

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Name of home institution: .....

Erasmus Code<sup>4</sup> (if applicable): .....

Street: .....

Nr: ..... Zip code: .....

City: .....

Country: .....

Field of study enrolment at home institution: .....

Level:  Bachelor  Master  PhD

Teacher in charge of the exchange in the sending institution (Name, post address, email address):

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Institutional coordinator of the sending institution (Name, post address, email address):

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<sup>4</sup> If applicable (For example: B MONS21)

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**STUDY PERIOD AT UMONS**

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Programme:

- Erasmus+  Erasmus Belgica  TIME  
 Bilateral Institutional Agreement  BCI (Québec)  WBI  
 CIUTI  
 Other: .....

Duration of stay at UMONS:  1<sup>st</sup> semester (14/09/2021 – 31/01/2022)  
 2<sup>nd</sup> semester (01/02/2022 – 30/06/2022)  
 Academic year (14/09/2021 – 30/06/2022)

Expected date of arrival: .....

Expected date of departure: .....

Host faculty:

- F.M.P. (Faculty of Medicine and Pharmacy):  
 *Medicine*  *Pharmacy*  *Biomedical*
- F.P.M. S. (Faculty of Engineering):  
 *Architecture*  *Mining*  *Mechanics*  *Electricity*  
 *Chemistry*  *Material Sciences*  *Computer Sciences*
- F.S. (Faculty of Sciences):  
 *Maths*  *Physics*  *Chemistry*  *Biology*  
 *Computer Sciences*
- F.P.S.E. (Faculty of Psychology and Education)  
 FA+U (Faculty of Architecture and Urban Planning)  
 F.T.I.-E.I.I. (Faculty of Translation and Interpretation)  
 F.W.E.G. (Warocqué School of Business and Economics)  
 E.S.H.S. (School of Social Sciences and Humanities)  
 I.R.S.T.L. (Research Institute for Language science and Technology)
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**STATEMENT OF CONFORMITY**

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I state that all information mentioned in the present application form is true.

I declare that I am fully registered at my home institution for the academic year 2021-2022 and that my mobility at B MONS21 has been formally approved by the academic authorities of my home institution.

Date and place: .....

Student's handwritten signature: .....

**Person in charge of the exchange in the home institution**

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Name: .....

Signature: .....

Official stamp of the home institution:

**Persons in charge of the exchange at UMONS**

**(Must not be filled by the student – Reserved for the UMONS Coordinators)**

We hereby acknowledge receipt of the application of the proposed student.

We hereby certify that the student is:

- Provisionally accepted in our university in the framework of the agreed mobility
- Not accepted

Departmental coordinator's signature:

Name: .....

Date: .....

Signature: .....

Institutional coordinator's signature:

*On behalf of the Institutional Coordinator (Géraldine BERGER)*

Name: .....

Date: .....

Signature: .....

Stamp: