



Haute Ecole Libre de Bruxelles – Ilya Prigogine
Code Erasmus : B BRUXEL 85

Institut Supérieur de Promotion Sociale Libre de Bruxelles Ilya Prigogine
Code Erasmus : B BRUXEL 94

International Relations Office

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APPLICATION FORM for INCOMING STUDENTS

Academic year 2020/2021

To be filled in electronically with Adobe Acrobat Reader (free) (File name: Family Name_AF.pdf, family name in capitals, no space, no accents) and to be sent to: etienne.coppin@helb-prigogine.be . Please enclose : your Transcript of Records (last one available), a personal photo (ID size - jpg) and a photocopy of your identity card.

Personal Data¹

Family Name	
First Name	
Field of study	

Date of birth	
Gender	
Nationality	
Current address	
Phone number²	
Your institutional email address	
Your personal email address	
National Health Number or National Identification Number	
Degree which you are currently studying (+study duration)	
Year of study during your Erasmus stay (e. g. Bac.3)	
Name and phone number of the person(s) to contact in case of emergency	
Any disability/special needs, if any please describe	

¹ In compliance with GDPR, your personal data will be treated confidentially

² If your phone number changes, please let us know

[Home Institution \(sending institution\)](#)

Home Institution's Erasmus ID CODE	
Institutional international Coordinator's name	
Institutional international Coordinator's phone	
Institutional international Coordinator's email	

[Stay in Brussels](#)

Study period	
Duration of stay in months	
Intended month of arrival	
Intended month of departure	

[Language competences³](#)

Language	Reading	Writing	Speaking

I am interested in attending a French intensive course Yes No

[Housing](#)

We don't provide any housing but we have a partnership with a external organization. Would you like this organization to help you in your search for a housing? Yes No

[Signature](#)

I certify that all the information provided in this Application Form is correct and complete to the best of my knowledge.

Insert your signature (use Adobe Acrobat Reader)

Date of signature (DD/MM/YYYY)

If any question, please contact : international@helb-prigogine.be.

3 Rate your language skills as "excellent", "good" or "poor". Include all languages in which you have some competence. Also indicate your native language.