



Academic year

Faculty

CREDITCONTRACT: application to subscribe (student UH/tUL)

Student number:

Name:..... First name:

E-mail address:.....

Phone number:.....

Are you already registered as a student at Hasselt University this academic year?

- ☐ Yes, for [name of the programme]:.....
- ☐ No

Wishes to register for:

Name of the course	Number of ECTS credits

Date:

Signature:

You can send in your application to the academic advisor of the programme:

Faculty of Architecture and Arts	Master of Interior Architecture	eva.bollen@uhasselt.be
Faculty of Business Economics	Master of Management	heleen.vliex@uhasselt.be
Faculty of Medicine and Life Sciences	Master of Biomedical Sciences	heleen.vliex@uhasselt.be
School for Transportation Sciences	Master of Transportation Sciences	tine.huygh@uhasselt.be
Faculty of Sciences	Master of Statistics and Data Science	michiel.vandenbempt@uhasselt.be

Entry field for the student administration's office:

Decision of the Chairman of the Examination Board:

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Date:/...../.....

Signature: