Academic year .....

Faculty .....

Application for late enrolment

Name:..... First name: .....

Address: .....

Postal code and city: .....

Mail address: .....

Phone number:.....

Wishes to enrol in the programme: .....

Reason for late enrolment: .....

.....

.....

Date: Signature:

Please email your application to the academic advisor of the programme (see contact details below). The subject of your mail is: *Application to enrol: Surname First name.*

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 & Data Science	michiel.vandenbempt@uhasselt.be

Decision Chairmen of the Examination Board:

O positive
O negative

Remark: .....

.....

Chairmen of the Examination Board

Signature

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