



Academic year

Faculty

**CREDITCONTRACT:
application to subscribe (new student)**

Name:..... First name:

Birth date:.....

E-mail address:.....

Phone number:.....

Diploma of Secondary Education:

Name and country of the institution:.....

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Diploma of secondary education was obtained at:/...../.....

Overview of previous studies at a higher education institution per academic year:

Academic Year	Institution	Programme

Wishes to register for:

Name of the course	Number of ECTS credits

Documents to add:

- Copy of your diploma of secondary education
- Copy of other obtained diplomas in higher education

In case the added documents are insufficient to make a decision, additional information can be asked.

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: