



Vesalius College
Brussels

In affiliation with



Fall/Spring Semester Application Form Study Abroad Students

Passport-
sized photo

1. Personal Details

Please enter your name as it appears on your identification:

☐ Passport (Number) _____ ☐ Identity Card (Number) _____

Family Name _____ First Name(s) _____

Date of Birth Day _____ Month _____ Year _____ Place of Birth (city, country) _____

Citizenship _____ Sex: ☐ Male ☐ Female

2. Contact Details

CURRENT MAILING ADDRESS _____

Telephone (include country/city code) _____ Mobile Phone _____

Email (personal) _____ Email (university) _____

Above Information Valid Until _____

OFFICIAL PERMANENT ADDRESS (if different from above) _____

Telephone (include country/city code) _____ Mobile Phone _____

Email (personal) _____ Email (university) _____

Above Information Valid Until _____

PARENT/GUARDIAN DETAILS

Name _____ Name _____

Address _____ Address _____

Email _____ Email _____

Phone _____ Phone _____

Occupation _____ Occupation _____

EMERGENCY CONTACT INFORMATION (if different from Parent/Guardian details)

Name _____ Relationship to student _____

Address _____ Email _____

Telephone (include country/city code) _____ Mobile Phone _____

3. Academic Objectives

Please indicate your major(s) at your home university: _____

Please indicate your intended date of entry. Academic Year _____ Semester ☐ Fall (August) ☐ Spring (January)

How many semesters do you plan on attending? _____

Do you wish to attend: ☐ Full-time (4-5 classes) ☐ Part-time (3 classes or less)

Have you applied to Vesalius College in the past? ☐ Yes ☐ No If so, when? _____

4. Academic Qualifications

List in chronological order **all** universities you have attended. OFFICIAL credentials must be submitted for each of the institutions listed below. Transcripts must be certified by the registrar or headmaster of the educational institution issuing the documents and must be sent in an official envelope of the institution, sealed and signed across the back flap.

Name of University(ies)	Location (city, country)	Language of Instruction	Dates of Attendance		List Any Certificates, Degrees or Diplomas Earned
			From	To	

5. Academic Honours

Please list any academic honours that you have received.

- _____
- _____
- _____

6. Languages

What language(s) do you speak at home? _____

Is English your native* tongue? ☐ Yes ☐ No If you answered no, identify your native tongue(s) _____

Is English the language of instruction at the secondary school(s) you attended or of the University you are currently attending?

☐ Yes ☐ No

If you answered no, identify the language(s) of instruction of the secondary school or university/college _____

() Definition of native tongue: A language learned over several years in a natural environment (mostly home) by simply practicing natural communication with native speakers resulting in the ability to communicate fluently in that language, at least verbally, without having studied it.*

7. Standardized Tests

English Proficiency Exams: Students who are not currently studying in an English-taught university, or who did not attend a fully English-taught high school or whose mother tongue is not English must submit proof of proficiency in English which may include the exams listed below. Scores should be mailed directly from the testing institution to Vesalius College. The reference number for the TOEFL is 3574.

TOEFL score _____ or plan to take on _____

IELTS (Academic Module) score _____ or plan to take on _____

8. Personal Essay

On a separate sheet of paper, please write in your own words a one-page essay (minimum 300 words) on an issue of local, national, international or personal interest that is important to you.

9. Additional Information

- ✓ On a separate sheet of paper, please list any extracurricular activities in which you may have participated either at school or in the community, including any recognition awards received. Any work experience you may have had may also be listed here. If you have been out of school for an extended period of time, please provide details about how you have spent that time.
- ✓ Two letters of recommendation should be sent directly to Vesalius College. Usual references include teachers, professors, guidance counsellors or school directors.
- ✓ University/College Transcript (official)
- ✓ Interested in applying for internship?
Once the Internship catalogue is published, in order to officially apply for the Internship course, students **must complete the Internship Application Form**. For more detailed information, please check the Vesalius College Website (<http://www.vesalius.edu/career/vip>).
- ✓ Belgian Health Insurance. Please see Annex 1 and sign Form
- ✓ Proof of International Health Insurance

10. Information Release

☐ Yes ☐ No

I give the Head of Academic Administration and the Associate Dean of Vesalius College permission to release academic information, including, but not limited to, academic status, grades or student conduct cases to my parents or other designated relative(s) or guardian(s).

Name of designated relative (If different from Parent/ Guardian information)

Name of designated relative if more than one

Student signature

Date

11. Housing

Do you need assistance in arranging for housing? ☐ Yes ☐ No

If yes, please contact Ms. Yamina El Atlassi, Housing Coordinator, by email: Yamina.El.Atlassi@vub.ac.be

Do you wish to stay with a host family (€155/week plus €210 one-time placement fee)? Yes ☐ No ☐

Do you wish to request personalized assistance to find independent housing (€185 fee)? Yes ☐ No ☐

For more information on housing options and procedures, please visit the following web page:

<http://www.vesalius.edu/academics/study-abroad-programme/incoming-students/housing-and-expenses/>

12. Application Fee (mandatory for all study abroad and exchange students)

Payment of the application fee of **50€** must be presented in Euros online or by bank transfer:

- On-line Payment: <http://www.vesalius.edu/wp-content/uploads/forms/payments.html>.
- Payment by Bank Transfer:
 - **Belfius Bank Account Number:** 068-2410268-39
 - **Bank Address:** Belfius Bank, Pachecolaan, 44; B-1000 Brussels, Belgium
 - **IBAN number:** BE 13 068-2410268-39; **Swift code:** GKCCBEBB
 - **College mailing address:** Vesalius College vzw; Pleinlaan 2; B-1050 Brussels; Belgium

13. Miscellaneous

How did you learn of Vesalius College? (please give details in space below)

- ☐ Advertisement (which one?) ☐ From a Past Vesalius Student (name?) ☐ From a Present Vesalius Student (name?)
- ☐ Website ☐ Word of Mouth ☐ School Fairs (which one?) ☐ School Counsellor (name?) ☐ Other (*Please give details*)
-

14. Checklist

Make sure that you have done all of the following:

- ☐ Answered ALL questions
- ☐ Enclosed/attached a photocopy of your passport, identity card or other official document showing your personal details
- ☐ Enclosed/attached proof of your International Health Insurance
- ☐ Enclosed/attached proof of your International Civil/Personal Liability Insurance (*please see statement in Section 9 in case this is not available in the student's home country*)
- ☐ Requested transcripts to be sent directly from ALL Universities attended with English translations if appropriate
- ☐ Arranged to take the necessary standardized English proficiency tests and/or arranged for the scores to be sent directly to us
- ☐ Ensured that any requested letters of recommendation or academic transcripts are sent to the College in a sealed envelope or sent directly by your Home University via email to the Study Abroad Office (caroline.van.ongevall@vub.be).
- ☐ Enclosed your application receipt

The College gives all students, regardless of sex, race, colour, creed or national origin equal opportunity for admission and quality education.

15. Declaration

I certify that all the statements I have made on this application are correct and complete. I understand that withholding or providing false information or plagiarized material in support of this application may disqualify me from admission or later be grounds for my dismissal from Vesalius College.

Date _____ Applicant's Signature _____

16. Return this Form and Supporting Documents to:

Study Abroad Office
Vesalius College vzw
Pleinlaan 2,
B-1050 Brussels, Belgium

[T] +32 2 614 81 70 [F] +32 2 614 80 50 [E] caroline.van.ongevall@vub.be [W] www.vesalius.edu

** Vesalius College is registered with the Flemish Government of Belgium as an institution of higher learning*

** No information will be released to third parties without the written consent of the applicant*

** Vesalius College vzw / asbl may use this information to keep you updated on event, newsletters and other relevant information about the College.*

Belgian National Health Insurance

I have been informed of the benefits of obtaining Belgian national health insurance during my stay in Belgium as an international student.

I have been explained the following regarding national health insurance in Belgium:

- The health insurance will reimburse $\pm 65\%$ of the legal price for a general practitioner or a specialist.
- The health insurance will reimburse the cost of medications (amount covered depending on the medication) directly to the pharmacist via my ID card.
- The health insurance will reimburse $\pm 65\%$ of a hospital stay in a common room.
- The costs of National health insurance differ depending on your registration status:
 - If not yet registered in; a Belgian town hall at time of application; the cost is of
€ 61.43/quarter + 10.49€/month
 - If registered in a Belgian town hall; the cost is 10.49€/month
- In Belgium, regardless of whether I already possess international health insurance from my home country, I will be asked to pay fees in full for all medical visits, including hospital and emergency room visits should they occur. I understand that some hospitals can refuse treatment without partly payment up front and that they **WILL NOT** bill my international health insurance company for the charges.
- With Belgian health insurance, however, the Belgian hospital will send $\pm 65\%$ of the hospital bill directly to the Belgian health insurance and I will only be charged for the $\pm 35\%$ left (if common room).

By waiving my right to apply for Belgian National Health Insurance; I accept full responsibility for any medical or hospitalization costs I may incur during my stay in Belgium.

By opting to obtain Belgian National Health Insurance, I understand that I need to:

- 1) Register with Partena Insurance no later than the first week of classes
- 2) Initiate procedures to obtain my Belgian Resident Card no later than the first week of classes.

Based on the above information, I _____ (print name),

☐ do **NOT** intend to ☐ intend to obtain Belgian National Health Insurance

Signature

Date

Please note that the signing and returning of this form is **MANDATORY**