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**Enrollment and Registration of Course unit ULB Academic year 20……-20……**

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*Return this form to the faculty secretariat or send it by email (3C207 - pe.mobility@vub.be).*

**Name + surname**:   
  
**ID-number VUB:**   
  
**Programme + year:  
  
Date of birth:**

**Place of birth**:

**Nationality**:  
 **Gender**:

**Email**:

**Telephone number**:

**Residential address:**

**ULB-course(s) you wish to enroll for as an optional course:**

**(+ how many ECTS = this course?)**