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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?)**