WORKING AND STUDYING

UDENT ADMINISTRATION

Family name:		
Given name:		
Student number:		
Study program:		
Please mark all applica	ble fields (even	in case of overlap).
Select day or evening c	asses	 Day classes Evening or weekend classes
 PEL / TL Paid Educational Leave (private sector, employed in Brussels) Flemish Training Leave (employed in Flanders) Training Leave (government) Not applicable 		
□ I am of a	l am at le a job-seeker eliç	ial security benefit, I solemly swear: east 80h a month employed gible for benefits (my study program falls within the framework nployment proposed by a regional employment office)

Date:

Signature:



Submit to Education and Student Administration via studentadministration@vub.be