DUO-Belgium/Flanders Scholarship Programme

Application for academic year 2020/2021

ID number Date of submission									
		HOME INS	TITUTION	(in Bl	ELGIUM-FL	.)			
Name of Institution									
1) CONTACT PERSON (s	hould	d not be the sa	ame as the i	nform	ation of the	e pers	son of exc	hang	e)
Surname	(Dr.	/Mr./Mrs./Ms.)	Give	en name				
Position				Dep	artment				
Address			Country	DEI	GIUM-FL	Zin	Code		
Tel	32-		Country	Ema		Zip	Coue		
Assistant		/Mr./Mrs./Ms.)		en name				
Surname									
	(Please write the person who can be contacted in case of emergency.)								псу.)
2) INFORMATION ON THE PERSON OF EXCHANGE									
Surname					en name		Г	T	
Date of Birth		(do	d/mm/yyyy)	Gen	der		Male		Female
Nationality					ional				
				-	istration				
				No.					
Student Major		STEM (scion	co tochnol	001/					
	STEM (science, techno engineering, mathemati								
	Political sciences								
Applying field of study	Social sciences								
	Economy								
	Communication sciences								
	Others (pls. specify):								
Grade(how many years i	in att	tendance)		ECTS					
If applicant is a graduat	e stu	dent, click in							
a graduate box. (DO NO	T sel	ect grade)							
Tel 32- Email									
Institutional criteria for selecting above person to be exchanged: (Please, describe why your institution recommends above person for the fellowship in detail. You may add recommendation letter in attachment.)									

		HOST IN	ISTITUTION ((in Asian Cou	ntr	y)			
Name of Institut	ion								
1) CONTACT PER	RSON	(should not be the	e same as the	information of	f the	e person of exc	hang	ne)	
Surname	(Dr. /	/Mr./Mrs./Ms.)		Given name					
Position				Department					
Address									
Address			Country		Zip	o Code			
Tel				Email					
Assistant	(Dr. /	/Mr./Mrs./Ms.)		Given name					
Surname (Please write the person who can be contacted in case of emergency.)									
2) INFORMATION	NON	THE PERSON OF E	XCHANGE						
Surname				Given name					
Date of Birth		(0	ld/mm/yyyy)	Gender		Male		Female	
Nationality									
Student Major									
		STEM (science, engineering, math Political sciences	technology, nematics)	-					
Applying field		Social sciences		_					
of study	Economy								
	Communication sciences		-						
		Others (pls. specif	fy):	-					
Grade(how many	y yeai	rs in attendance):							
If applicant is a	a grad	duate student, cli	ck in a gradu	ate box. (DO					
NOT select grade	e)								
Tel		······		Email					
(Please, describ	e why	for selecting above y your institution letter in attachmo	recommends a		or t	he fellowship	in de	etail. You may	
Confirmation on Agreement with Host Institution									
exchanged and	I, the contact person in the home institution, hereby confirm that the persons to be exchanged and the contact person in the host institution are all aware and agree that this application is submitted. (please, check the box at the right as appropriate) YES							YES	

DESCRIPTION OF EXCHANGE PROGRAM										
Fro	SH to ASIAN In	stitution	From ASIAN to FLEMISH Institution							
STUDE	NT —	Undergraduate Graduate		STUDENT		Undergraduate Graduate				
Starting Date		(dd/mm/yyyy)		Starting Date		(dd/mm/yyyy)				
Ending	Date	(dc	d/mm/yyyy)	Ending Date		(dd/mm/yyyy)				
Exchange Period		1 semes	ster / 1 year	Exchange Period		1 semester / 1 year				
PURPOSE OF EXCHANGE										
	Study									
r	Interr	ship								
		-								
	Other	S:								
ISH TO A	SIAN INS	TITUTION								
How many ECTS for transfer?				(30 ECTS o	r eq	uivalent is recommended)				
FROM ASIAN TO FLEMISH INSTITUTION						(20 ECTS or equivalent is recommended)				
How many ECTS for transfer?					(30 ECTS or equivalent is recommended)					
	exchange	is other than T	ransfer of Cr	edit such as	Inte	rnship, or Research, please				
	STUDE Startin Ending Exchar Period	STUDENT Starting Date Ending Date Exchange Period Exchange SH TO ASIAN INS ECTS for transfer TO FLEMISH INS ECTS for transfer ose of exchange	From FLEMISH to ASIAN In STUDENT Undergrad Graduate Starting Date (dd Starting Date (dd Ending Date (dd Exchange 1 semes Period 1 semes Period 1 semes PUP Study Research QUE Study SH TO ASIAN INSTITUTION CTS for transfer? TO FLEMISH INSTITUTION CTS for transfer? Ose of exchange is other than T	From FLEMISH to ASIAN Institution STUDENT Undergraduate Graduate Graduate Starting Date (dd/mm/yyyy) Ending Date (dd/mm/yyyy) Exchange 1 semester / 1 year Period 1 semester / 1 year PURPOSE OF E PURPOSE OF E Struty A Study Fremester / 1 year PURPOSE OF E Struty Struty						

EXCHANGE DETAILS

DESCRIBE STUDENTS' LEARNING AGREEMENT DURING THE EXCHANGE

(This will be closely examined at the stage of selection by the Selection Committee. Language training course ONLY is <u>not</u> acceptable. Any change in course schedule should be duly reported to the Secretariat for approval.)

Learning agreement (Class Schedule) of the Belgian Student:

Name of subject	ECTS	Comments if necessary

Learning agreement (Class Schedule) of the Asian student:

			1	
Name of subject	ECTS	Comments if necessary		
SC	OURCE OF	FINANCE		
		THANGE		
Do you have any other source of finan	nce to fun	d this exchange program, including		
room/board, airfare, stipend and others?				
If YES, please specify detailed information	of other so	ource of finance:		

**CERTIFICATION OF AUTHENTICITY

I hereby certify on my honor that the information provided in this application is correct and complete.
Any provision of inaccurate or false information or omission of information will render this application
invalid and that, if selected on the basis of such information, I can be required to withdraw from the
award.
Date: (Name/Signature) Contact Person of Home Institution:
(Name/Signature) President/director/head of international office of the Home Institution:
Official stamp of Home Institution:
 Please upload the MOU agreement between two universities.
 Please upload the copies of passport of two students.
 Please upload the transcripts of two students.
 Please upload the motivation letters of two students.
 Please upload the recommendation letter if you have. (Not mandatory)
- This word warries and institution is only for reference. Disease do not submit this emploation
<u>This word version application is only for reference. Please do not submit this application</u> by email. Only online submission is accentable
by email. Only online submission is acceptable.
** Authorized signature and official stamp are required <u>after</u> selection is made. There is no need for

signature and stamp during application procedure.