



Terms and conditions of the re-enrolment

1. Fill in and sign the section "To be completed by the DOCTORAL CANDIDATE".
2. The section "To be completed by the SUPERVISORY COMMITTEE" has to be filled in.
3. You should consult your Faculty to determine if the section "To be completed by the FACULTY DOCTORAL COMMISSION" must also be completed and signed.
4. You must submit the form to your Faculty as soon as possible, according to the Faculty schedule.
5. When the form is completed and signed by all the parties, the Faculty sends it to the Registration Department by 31 October at the latest.
6. The Registration Department checks the re-enrolment form and validates it.
7. You receive an e-mail exclusively in your mailbox @ulb.be, inviting you to connect to your MonULB portal (<http://monulb.be>) in order to proceed with the re-enrolment.
8. Afterwards, you are invited to pay for your re-enrolment. The payment terms are visible on your MonULB portal. We do not send bank transfer form by post.
9. Your re-enrolment will be effective as soon as the payment is received and your enrolment certificate will be accessible online in your MonULB portal.
The student card will be sent by post later to the address written on this form (if you have indicated an address outside Belgium, your card will be available at the Registration Department).

To be completed by the DOCTORAL CANDIDATE

ID/student's number: 000 _ _ _ _ _

Last Name:

First Name:

Date of birth:

Nationality:

Date (year) of the first enrolment for the PhD program at ULB:

Research Center:

Assimilation (to complete only if you have the nationality of a non-EU country)

In the following list, I check all the boxes that correspond to my situation:

- I have Belgian unlimited right of residence or long-term residence status (holder of a residence card valid for 5 years: resident card B, C or D).
- I am a candidate for or have refugee status, or I am stateless, or I have been granted subsidiary protection.
- I have a residency permit of more than three months and receive professional or other revenue.
- I am supported by a CPAS.
- My father, mother, legal guardian, spouse or legal cohabitant meets one of the conditions mentioned above.

- My father, mother, legal guardian, spouse or legal cohabitant is a national of a member state of the European Union.
- I have a scholarship granted by the CTB or by de ARES-CCD.

For any checked box, you will have to provide the documents attesting the situation. The Registration Department will indicate you the list of required documents at the time of the re-enrolment process.

Date:
Signature of the doctoral candidate:

To be completed by the SUPERVISORY COMMITTEE

Name of the supervisor	Signed for approval

Name of the co-supervisor (optional)	Signed for approval

Name of the chair of the supervisory committee	Signed for approval

Supervisory committee

- * to be confirmed on each re-enrolment
- * without this information, the re-enrolment can not be taken into account

Name of the member	Contact (email/phone) <i>To indicate if outside ULB</i>	Function or title <i>To indicate if outside ULB</i>

The student can continue his research work

YES

NO Reason for the refusal:

.....

.....

Changes to the supervision and/or the thesis subject

YES

Supervision (see tables above)

Thesis subject:

.....

NO

Thesis defence scheduled for 2019-2020 (for information purposes)

YES

NO

Thesis prepared under joint supervision

YES

NO

To be completed by the FACULTY DOCTORAL COMMISSION

Doctoral research training

The doctoral candidate was exempted from the doctoral research training:

YES

NO → the doctoral candidate has acquired 60 credits of the doctoral research training

YES: No re-enrolment

NO: Re-enrolment

YES

NO: Reason for the refusal of the re-enrolment:

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PhD

Re-enrolment:

YES

NO: Reason for the refusal:.....

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Name and signature of the President of the Faculty Doctoral Commission

À compléter par le SECRETARIAT FACULTAIRE

La Faculté gestionnaire

- Réinscrit** en 2019-2020 le doctorant

	Mnémonique de l'année d'études
<input type="checkbox"/> à la formation doctorale	
<input type="checkbox"/> au doctorat	

- Ne réinscrit pas** (voir motivation du Comité d'accompagnement reprise précédemment sur le présent formulaire)

Signature du secrétariat facultaire

Date

Sceau de la Faculté