**Terms and conditions of the re-enrolment**

The re-registration request is made online via your MonULB portal. This form must be completed by all parties and then uploaded to the MonULB portal.

1. You complete and sign the part "To be completed by the DOCTORAL STUDENT".
2. The section "To be completed by the SUPPORT COMMITTEE" has to be completed and signed. The signatures of the supervisor, the possible co-supervisor and the Chairman of the committee are mandatory.
3. You submit this form to your Faculty as soon as possible **according to the Faculty calendar**. The terms of submission and the documents to be attached to the application differ according to the faculties. Please refer to the specific procedure of your faculty.
4. When this form is completed and signed by all parties, the Faculty returns it to you.
5. You connect to MonULB to proceed with your re-registration, and download this form in the section that requires it. Submit your re-enrollment request **before October 31**.
6. You receive an e-mail exclusively in your mailbox @ulb.be, confirming your re-enrollment.
7. You are invited to pay for your re-enrolment. The payment terms are visible on your MonULB portal. Your registration will be effective once we have received the payment.
8. Your certificates will be available on your MonULB portal. The student card will be sent by post to the address indicated on MonULB. If you have indicated an address outside Belgium, your card will be available at the Registration Office.

**To be completed by the DOCTORAL STUDENT**

Student’s number: 000 __ __ __ __ __

Last name: .............................................................. First name: .............................................................

Research Center: .................................................................................................................................

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

Thesis prepared under joint supervision  ❑ YES  ❑ NO

**Funding:** I receive one funding dedicated to the completion of my doctoral thesis during the year 2023-2024

❑ YES  Source of funding: ................................................................................................................
..........................................................................................................................................................

End date of the funding: ........../......../20.........

❑ NO  No funding dedicated to the Doctorate

Date:

Signature of the doctoral student:
To be completed by the SUPERVISORY COMMITTEE

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<tr>
<th>Name of the supervisor</th>
<th>Signed for approval</th>
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<th>Name of the co-supervisor (optional)</th>
<th>Signed for approval (compulsory if there is a co-supervisor)</th>
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<th>Name of the chair of the supervisory committee</th>
<th>Signed for approval</th>
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Other members of the supervisory committee
To be confirmed on each re-enrolment. Without this information, the re-enrolment cannot be taken into account.

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<tr>
<th>Name of the member</th>
<th>Contact (name of the main university/email address)</th>
<th>Function or title within the Supervisory committee</th>
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The doctoral 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**
Re-enrolment for the doctoral research training

☑  YES the doctoral student has not acquired 60 credits of the doctoral research training on the 13\textsuperscript{th} September 2023

☑  NO the doctoral student has acquired 60 credits of the doctoral research training before the 14\textsuperscript{th} September 2023

or the doctoral student was exempted from the doctoral research training when he registered for the 1\textsuperscript{st} time for the PhD

Re-enrolment for the PhD

☐  YES

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

.................................................................

.................................................................

.................................................................

.................................................................

Name and signature of the President of the Faculty Doctoral Commission

À compléter par le SECRETARIAT FACULTAIRE

La Faculté gestionnaire ...........................................................................................................

☐  Réinscrit en 2023-2024 le doctorant

☐  à la formation doctorale

☐  au doctorat

 Mnémonique de l’année d’études

☐  Ne réinscrit pas (voir motivation du Comité d’accompagnement reprise précédemment sur le présent formulaire)

Signature du secrétariat facultaire

Date

Sceau de la Faculté