

5 ECT'S OPEN COURSE

APPLICATION FORM



HEC LIÈGE
LUXEMBOURG

In association with Chamber of Commerce



YOUR APPLICATION FOR STUDY

PERSONAL INFORMATION

Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Any additional names that may appear on transcript(s): _____

D.O.B (DD/MM/YY): _____ Nationality: _____

Place of Birth (Country & Town): _____

CONTACT INFORMATION

Address: _____

City/Town: _____ Region: _____

Country: _____ Postal Code: _____

Home Phone: _____

Cell Phone: _____

Email: _____

WORK INFORMATION

Employer: _____

Address: _____

City/Town: _____ Region: _____

Country: _____ Postal Code: _____

Care of: _____

Cell Phone: _____

Email: _____

PROGRAMME INFORMATION

5 ECT's Open Course - 1.950EUR, plus 3% VAT _____

Please List Course Name: _____

Billing Address: Home: _____ Employer: _____

YOUR BACKGROUND INFORMATION

LANGUAGE PROFICIENCY

First Language: _____

Other Languages: _____

If English is not your native language, you must send us your score of the Test of English as a Foreign Language (TOEFL) or equivalent. Please contact your admission contact of HEC Liège Luxembourg to discuss.

EDUCATION INFORMATION

Have you previously been enrolled at HEC Liège? _____

Were you referred to your programme of study? _____

If yes, who referred you? _____

Institution: _____

Location: _____

Language: _____

Date Completed: _____

Qualification: _____

Institution: _____

Location: _____

Language: _____

Date Completed: _____

Qualification: _____

Institution: _____

Location: _____

Language: _____

Date Completed: _____

Qualification: _____

EMPLOYMENT INFORMATION

Employer: _____
Position: _____
Start & End Date: _____
Location: _____
Spoken Language: _____

Employer: _____
Position: _____
Start & End Date: _____
Location: _____
Spoken Language: _____

Employer: _____
Position: _____
Start & End Date: _____
Location: _____
Spoken Language: _____

SUPPORTING DOCUMENTS

Please submit your application with the applicable requested supporting documents listed below. Please note, application will not be processed until all supporting documents have been submitted alongside your completed application form.

Passport/Photo ID Scan (Listing Place of Birth): _____
Current Updated CV: _____
Final Bachelor & Master Diploma (if applicable): _____
Proof of Professional Experience (if applicable): _____

Please Transfer all payments to the Account Mentioned Below:

Account Name: HEC Liège Luxembourg ASBL IBAN: LU90 0030 5800 3610 0000

BIC: BGLLLULL Reference: "Last Name, First Name" HEC LL

TERMS OF ACCEPTANCE & CONDITIONS

An applicant can only be accepted in the programme s/he is applying to. If an applicant/student wishes to change programmes s/he must receive prior authorisation from the administration of HEC Liège Luxembourg and then complete a new application for the programme s/he wishes to convert to.

Only complete applications will be reviewed. The information supplied on this application is complete and true to the best of my knowledge. All materials and supporting records submitted by me or on my behalf in connection with this application or my attendance will not be released to anyone other than authorised institution personnel without my consent.

It is understood that incorrect or falsified information will be grounds for disapproval of this application or dismissal from HEC Liège Luxembourg. I agree to pay all financial obligations if admitted to, and attending HEC Liège Luxembourg, including obligations incurred if financial aid is terminated, reduced, or postponed for any reason.

I also authorise the administration of HEC Liège Luxembourg to publish my picture, location, area of specialization, honours, sports, or other activities for public relations purposes should I decide to attend HEC Liège Luxembourg in any capacity. This publicity authorisation may be rescinded by notifying the administration of HEC Liège Luxembourg in writing within 30 calendar days of admission to my chosen programme of study.

Applicant Signature

Date (DD/MM/YYYY)