



VESALIUS
COLLEGE
BRUSSELS

COLLEGE REGISTRATION SUMMER PROGRAMME

Please type or print in ink

Academic year _____

Student Information: Full Student N° (optional)
 Family Name
 First Name(s)
 Place of Birth Date of Birth
 Nationality Sex: M F

Official Address All correspondence will be sent to this address. It is your responsibility to notify us in writing of any changes

Street N°
 City Zip code Tel. N°
 Mobile phone n° Email

Is this also your **Billing Address** for the invoice? Yes No
 If not, please provide your billing address on the bottom of this form.

Can the College provide your address & telephone number to the Student Government for inclusion in the Student Directory? Yes No

Registration Major Concentration

I intend to graduate at the end of: Spring Fall 20____ Full-time Part-time

Course Code (E)	Course Section	N° of Credits	Course Title	Count as CC MR, ME*, FE	Adviser's Initials	Computer Input
.....
.....

Alternative Course**

Adviser's Name & Signature Date

* Please indicate the course(s) which count towards your concentration.
 ** Overload (a 3rd course) is only allowed if pre-approved by the ASC (Academic Standards Committee).

Tuition
Service Fee
Late Registration Fee
Balance from previous semester
TOTAL TO PAY

Billing Address All invoices will be sent to this address. It is your responsibility to notify us in writing of any changes.

(If not same as official) Name Relationship: Parent / Guardian / other:
 Street N°
 City Zip code Tel. N°
 Mobile phone n° Email

Can we provide information on financial obligations to the person named above? Yes No

I, the undersigned, accept that I am responsible for payment of tuition and fees, based on the courses selected above.

Signature Date