ACADÉMIE
DE RECHERCHE ET
D'ENSEIGNEMENT
SUPÉRIEUR

ASEM-DUO FELLOWSHIP PROGRAMME BELGIUM/WALLONIA-BRUSSELS

2018 APPLICATION FORM

CALL FOR APPLICATION 2018
6 FEBRUARY 2018

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The information provided in this form will be treated in confidence by the home and host institutions. Data from the form may be used for DUO-Wallonia/Brussels statistical purposes, but only in an aggregated and non-identifiable manner. The application form must be typewritten and sent as a PDF file.

/ 01. APPLICANT'S INFORMATION

01.1 / CANDIDATE FROM THE WALLONIA-BRUSSELS HEI

GENERAL INFORMATION
First name
Family name
Date of birth
Gender
Nationality
Academic title
Higher education institution
Field of study
Department, faculty
Professional address (street, n°, ZIP code, city, country)
Private address (street, n°, ZIP code, city, country)
Mobile phone
E-mail

FINANCIAL INFORMATION (PERSONAL BANK ACCOUNT)
Bank account holder
Bank account number (IBAN)
SWIFT code
Bank name

DESCRIPTION OF THE PROJECT

Title of the project

Partner institution

Purpose of the exchange

Contact in the partner institution

Academic/research topic

Proposed duration of the exchange (minimum 1 month, maximum 3 months)

Proposed date of departure (btw August 2018 and August 2019)

Expected benefits of the exchange

EMERGENCY CONTACT PERSON

First name

Family name

Relation to the applicant

Address (street, n°, ZIP code, city, country)

Mobile phone

E-mail

01.2 / CANDIDATE FROM THE ASIAN HEI

GENERAL INFORMATION
First name
Family name
Date of birth
Gender
Nationality
Academic title
Higher education institution
Field of study
Department, faculty
Professional address (street, n°, ZIP code, city, country)
Private address (street, n°, ZIP code, city, country)
Mobile phone
E-mail

FINANCIAL INFORMATION (PERSONAL BANK ACCOUNT)
Bank account holder
Bank account number (IBAN)
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Expected benefits of the exchange

EMERGENCY CONTACT PERSON

First name

Family name

Relation to the applicant

Address (street, n°, ZIP code, city, country)

Mobile phone

E-mail

/ 02. CONTACT PERSON

02.1 / CONTACT PERSON AT THE WALLONIA-BRUSSELS HEI

CONTACT INFORMATION
Title
First name
Family name
Status/Position
Address (street, n°, ZIP code, city, country)
Phone
Mobile phone
E-mail
Fax

02.2 / CONTACT PERSON AT THE ASIAN HEI

CONTACT INFORMATION
Title
First name
Family name
Status/Position
Address (street, n°, ZIP code, city, country)
Phone
Mobile phone
E-mail
Fax

/ 03. CERTIFICATION

I hereby certify that the information provided in this application is correct and complete and confirm that the applicants have read the call for applications and will abide by the terms and conditions specified in the guideline if they are selected. 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, the applicants can be required to withdraw from the award.

NAME/SIGNATURE OF PRESIDENT OR AUTHORIZED PERSON OF THE WALLONIA-EI

Name

Date

Signature

NAME/SIGNATURE OF WALLONIA-BRUSSELS HEI

Name

Date

Signature

NAME/SIGNATURE OF PRESIDENT OR AUTHORIZED PERSON OF THE ASIAN HEI

Name

Date

Signature

NAME/SIGNATURE OF ASIAN APPLICANT

Name

Date

Signature

Date: ……..……/……..……/…….

Official stamp of the FW-B institution