**EXCHANGE**

PHOTO

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR:** 201\_\_ /20\_\_ For the period of :

**⬜ Fall semester - From September to December**

**⬜ Spring semester - From January to May**

**⬜ Full academic year - From September to May.**

**FIELD OF STUDY**:

**SENDING INSTITUTION**

**Name and full address:**

**Administrative Coordinator:**

 Phone:

 E-mail:

**Institutional Coordinator:**

 Phone:

 E-mail:

**STUDENT’S PERSONAL DATA**

**Family Name:**

**First Name:**

**Current Address:**

**Mobile:**

**Email:**

**Sex:**

**Date of Birth:**

**Nationality:**

**Emergency Contact (Name and phone):**

**STUDIES**

Diploma/degree pursued:

Year of studies achieved before going abroad?

Have you already been abroad? Yes ☐ No ☐

If ‘Yes’, where and when? N/A

Receiving Institution: EIGSI, La Rochelle, France

Studies:

Number of credits needed: \_\_\_\_ECTS

**LANGUAGE SKILLS**

|  |  |
| --- | --- |
| Mother Tongue: |  |
| **Other Languages** | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| FRENCH |  |  |  |  |  |  |
| ENGLISH |  |  |  |  |  |  |
| GERMAN |  |  |  |  |  |  |
| SPANISH |  |  |  |  |  |  |
| PORTUGUESE |  |  |  |  |  |  |
| CHINESE |  |  |  |  |  |  |
| Other: |  |

**EXCHANGE INTEREST**

*Briefly explain the reasons why you wish to study at EIGSI:*

### DECLARATION – STUDENT

### I confirm that the information I have given in this form is true.

### Student’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### DECLARATION – SENDING INSTITUTION

### I hereby confirm that this student is enrolled at our institution and has been selected for the exchange programme.

### Academic Coordinator’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp

**RECEIVING INSTITUTION**

We hereby acknowledge the receipt of the application and the proposed learning agreement of the candidate.

The above mentioned student is ☐ accepted at our institution as an exchange student

 ☐ not accepted at our institution

Dean of Studies’ signature, M. PACCAUD Date

 Place

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Stamp

Head of International office’s signature, Ms GUERRAND

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_