**EXCHANGE**

PHOTO

**STUDENT APPLICATION FORM**

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

**⬜ Fall semester - From End-August to December**

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

**⬜ Full academic year - From End-August to May.**

**FIELD OF STUDY**:

**SENDING INSTITUTION**

**Name and full address:**

**Name of the faculty/department:**

**Administrative Coordinator:** Name/Surname:

Position:

Phone:

E-mail:

**Institutional Coordinator:** Name/Surname:

Position:

Phone:

E-mail:

**STUDENT’S PERSONAL DATA**

Name and Surname:

Current Address:

Mobile:

Email:

Sex:

Date of Birth:

Nationality:

Emergency Contact (Name and phone):

**STUDIES**

Diploma/degree pursued in the sending institution:

Year of studies achieved before arriving in your school?

Have you already been abroad? Yes ☐ No ☐

If ‘Yes’, where and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receiving Institution: EIGSI La Rochelle-Casablanca

Studies:

Number of credits needed in the sending institution: \_\_\_\_ECTS credits

**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