

APPLICATION FORM FOR THE « ALLIANCE » PROGRAMME

ACADEMIC YEAR 20..... / 20.....

Fall Semester

Spring Semester

Whole academic year

This application form should be completed in black.

1. HOME INSITUION

Name of Sending Institution:

Full Address:

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Name of Contact Person:

Telephone, e-mail:

Number of ECTS credits required:

2. STUDENT DETAILS

Surname/First name:

Sex M / F:

Date of birth:

Place of birth:

Nationality:

Current Address:

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Permanent Address (for all correspondence):

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Tel:

E-mail:

3. DISABILITY DECLARATION

Do you have a disability, impairment or long term medical condition which may affect your studies? Please answer *Yes* or *No*.

Yes No

If *Yes*, please indicate the area of impairment with a tick:

Hearing Learning Mobility Vision Medical
 Other:

4. PREVIOUS AND CURRENT STUDIES

Diploma/Degree currently being prepared:

Number of years of tertiary education undertaken prior to departure abroad:

Have you ever studied abroad?

If *yes*, at which institution did you study?

5. LANGUAGES

Mother tongue
Language of instruction at home institution

Other languages	I am currently studying this language (<i>please tick</i>)		I have sufficient knowledge to follow lectures in this language (<i>please tick</i>)	
	Yes	No	Yes	No
French				
English				

6. MOTIVATION

Briefly state the reasons why you wish to study abroad.

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Please enclose the following:

3 photographs
Resume
All university reports with marks
Photocopy of your passport or identity card

<p>Student's signature:</p> <p>Date:</p>	<p>This student has been selected to participate in the Alliance programme existing between our institution and ESCI.</p> <p>Name and signature of university contact:</p> <p>Date:</p> <p>University stamp</p>
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N.B. The application must arrive at the ESCI before the

30th of June for the autumn term
30th of November for the spring term

We can not deal with any applications which do not have the agreement of the student's university.

ESCI
Relations Académiques Internationales
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France