

**Application Form for the *ERASMUS* Programme**

**Academic Year 20..... / 20.....**

**Fall Semester**

**Spring Semester**

**Whole academic year**

**This application form should be completed in black.**

***1. HOME UNIVERSITY/SENDING INSTITUTION***

Name of university: .....

Full Address: .....

.....

ERASMUS-Code: .....

Contact: .....

Telephone, e-mail: .....

Number of ECTS credits required: .....

***2. STUDENT DETAILS (Please write in capitals)***

Surname/First name: .....

Sex M / F: .....

Date of Birth: .....

Place of Birth: .....

Nationality: .....

Current Address:

.....

.....

Permanent Address (for all correspondence):

.....

.....

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> )	
French	Yes	No	Yes	No
English	Yes	No	Yes	No

### 6. MOTIVATION

Briefly state the reasons why you wish to study abroad.

.....

.....

.....

.....

.....

.....

.....

**Please enclose the following:**

**3 photographs**  
**Your resume**  
**All university reports with marks**  
**Photocopy of your passport or identity card**

<p>I certify that the information given on this application is complete and accurate to the best of my knowledge.</p> <p><b>Student's signature:</b></p> <p>Date:</p>	<p>This student has been selected to participate in the Erasmus exchange programme existing between our institution and ESCI.</p> <p><b>Name and signature of university contact:</b></p> <p>Date:</p> <p>University stamp</p>
--	--

***We can not deal with any applications without the agreement of the student's university.***

***N.B. The application must arrive at the ESCI before the***

***30th of June for the autumn semester***  
***30th of November for the spring semester***

**ESCI (Relations Académiques Internationales)**  
**50, rue de la Maison Rouge - Lognes**  
**77437 Marne-la-Vallée cedex 2**  
**France**