

APPLICATION FORM FOR THE « ALLIANCE » PROGRAMME

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

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□ Fall Semester □ Spring Semester □ Whole academic year

This application form should be completed in black.

1. HOME INSITUTION

2. STUDENT DETAILS

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 <i>yes</i> , at which institution did you study?

5. LANGUAGES

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

	This student has been selected to participate in the Alliance programme existing between our institution and ESCI.
Student's signature:	Name and signature of university contact:
Date:	Date:
	University stamp

- 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.

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