

SENDING INSTITUTION

T +33 (0)3 83 30 81 00 F +33 (0)3 83 30 81 30 ensa@nancy.archi.fr www.nancy.archi.fr





EXCHANGE STUDENT APPLICATION FORM

ACADEMIC YEAR 2018/2019

Name							
Address							
Erasmus code (ex. E MADRID03)							
Contact person							
Phone/ Fax							
e-mail							
STUDENT'S PERSONAL (to be completed by the stude							
Name and surname							
Date and place of Birth							
Passport/ ID card number							
Sex							
Nationality							
Current address							
Current address is valid until:							
Permanent address							
Tel							
E-mail							
Briefly state the reasons why you wish to study abroad:							

LANGUAGE COMPETENCE								
Mother tongue								
Language of instruction at home institution (if different)								
Other languages	Language			Level of competence				
WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant) Type of work experience Company/Organization Dates Country								
Type of work experience	Company/Organization			Dates		Country		
PREVIOUS AND CURRE	NT STUDY		□ Doobol	- m	□ Maataw			
Diploma/Degree for which you are currently studying			☐ Bachelor ☐ Master. ☐ PhD ☐ 1 ☐ 2 ☐ 3 ☐ 1 ☐ 2					
Have you already been studying abroad?			☐ YES ☐		!	-		
If yes, when? in which institution?								
For which semester do you	☐ 1st semester ☐ 2nd semester ☐ Full academic year							
ATTACHEMENTS								
Learning agreement								
3 3	The Student's <u>Transcript of records</u> should include full							
Transcript of records details of previous and current higher education study.								
'	Details not known at the time of application will be provided at a later stage.							
CV and Motivation letter written in French								
RECEIVING INSTITUTIO	N							
We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript of records.								
The above mentioned student is provisionally accepted at our institution not accepted at our institution								
School Coordinator's signature								
Date :								
Date .								