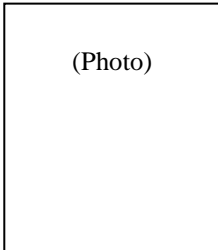




UNIVERSITY OF POITIERS
Faculty of Humanities and Arts
 International Office - 8 Rue René Descartes, TSA 81118 – F 86073 POITIERS cedex 9 – FRANCE
 Email : laure.tessier@univ-poitiers.fr - Tel. : +33 5 49 45 44 04 - Fax : +33 5 49 45 45 80

ERASMUS + PROGRAMME



STUDENT APPLICATION FORM

ACADEMIC YEAR : 2015 / 2016

SUBJECT AREA :

PERIOD : SEMESTER 1 SEMESTER 2 ACADEMIC YEAR

This application should be completed in BLACK and BLOCK letters in order to be easily copied and/or faxed.

SENDING INSTITUTION : Name and full address :

.....

.....

Departmental coordinator – Name, phone, fax number and e-mail :

.....

Institutional coordinator – Name, phone, fax number and e-mail :

.....

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:	First name (s):
Date of birth:	Place of birth :
Sex: M / F	Nationality:
e-mail address:	Permanent address (if different):
Current address:
.....
.....
.....
Current address is valid until:
Tel. no (incl. country code nr.):	Tel :

PERIOD OF STUDY:

Duration of stay (months) :

Arrival date : Departure date :

Number of expected ECTS credits :

Name of student:

Sending institution : Country :

Briefly state the reasons why you wish to study abroad:

.....

.....

.....

LANGUAGE COMPETENCE

Note : if you have a proof of french language , you can provide it with your application

Mother tongue:Language of instruction at home institution (if different):

Other languages	I have sufficient knowledge to follow lectures		I need some extra preparation	
	YES	NO	YES	NO
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

Work experience / position	Firm /organization	Dates	Country
.....
.....

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying:

Number of higher education study years prior to departure abroad:

Have you already been studying abroad ? Yes No

If Yes, when? at which institution ?

Student's Signature..... Date:.....

SENDING INSTITUTION
 We confirm that the proposed program of study is approved

Institutional coordinator's signature / stamp

Date: _____ Date: _____

RECEIVING INSTITUTION
 We hereby acknowledge receipt of the application, proposed learning agreement and candidate's transcript of records.

Institutional coordinator's signature / Stamp

Date: _____ Date: _____

- Your application should include the following documents :
- Learning agreement or a list of the proposed courses
 - Last transcript of records