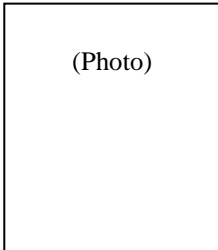




UNIVERSITY OF POITIERS
Faculty of Humanities and Arts
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ERASMUS + PROGRAMME



STUDENT APPLICATION FORM

ACADEMIC YEAR : 2016 / 2017

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: | |
| Current address: | Permanent address (if different): |
| | |
| | |
| | |
| 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 last student'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