



**EXCHANGE STUDENT
APPLICATION FORM
ACADEMIC YEAR 2009 / 2010**

STUDENT'S FIELD OF STUDIES:

This form must be completed in capital letters in black ink in order to be easily photocopied or faxed.

SENDING INSTITUTION

Name and complete address:

.....

Name, e-mail address, telephone and fax number of the departmental coordinator:

.....

Name, e-mail address, telephone and fax number of the International Office coordinator:

.....

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

Surname: First name:

Date of birth: Place of birth:

Gender: Nationality:

Current address: Permanent address:

.....

.....

Address valid until: Telephone number:

Telephone number:

E-mail address:

PROGRAMMES OFFERED: (please tick the study period and language of instruction)

• **BACHELOR IN BUSINESS :**

Introductory courses to Business and Management. Applies to those students who have never studied Business.

- in English
- in French
- Autumn Semester Spring Semester Full year

• **MASTER IN MANAGEMENT LEVEL 1 / PROGRAMME GRANDE ECOLE**

*1st year of Master. Equivalent to the 4th year of Bachelor.
Please note that it is possible to mix languages **only** in the Spring semester.*

- in English in Spanish
- in French in German
- Autumn Semester Spring Semester Full year

• **MASTER IN MANAGEMENT LEVEL 2 / PROGRAMME GRANDE ECOLE**

2nd year of Master. Open to those students holding a Bachelor's degree and to other students in specific cases.

- in English
- in French
- Autumn Semester only

Student's name:
 Sending institution: Country:

Explain briefly why you plan to study abroad

LANGUAGE SKILLS
 Mother tongue: Language of instruction at home university (if different):

English Language Proficiency (English track students) :
 Identify any English language proficiency test you have taken :
 Score:

French Language Proficiency (French track students):
 Identify any French language proficiency test you have taken :
 Score:

Other languages	I am currently studying this language		I have sufficient knowledge to follow classes		A supplementary training would give me sufficient knowledge to be able to follow classes	
	yes	no	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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL EXPERIENCE RELATED TO YOUR STUDIES

Type of professional experience	Company/organisation	Dates	Country
.....
.....
.....

PAST AND CURRENT STUDIES
 Name of the degree that you are currently preparing:
 Number of years of higher education studies prior to departure abroad:
 Have you ever studied abroad? Yes No
 If so, when and where ?

DISABILITIES / SPECIAL NEEDS
 Please mention any physical or sensory disability which might in some way affect your studies at the institution (e.g.: dyslexia, diabetes, epilepsy, asthma,...)

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
 Name:
 Relationship to you:
 Address:
 Telephone:

Please check you have enclosed the following documents:

- Completed application form
- 2 Identity pictures
- Copy of passport/identity card, and residence permit if applicable
- Curriculum Vitae/resume in English or in French
- A certified copy of your degree translated into French or English, if applicable
- Official academic records (courses attended + grades)
- Detailed description in English or in French of classes attended in Higher Education
- Completed accommodation questionnaire
- Copy of European Health Insurance Card (European students) or copy of certificate **in English or in French** from your insurance company stating that you are personally insured abroad (non European students who stay one semester)

Please return before October 30th 2009 to : Groupe ESC Dijon Bourgogne
International Office
Sanaa LEFDOU
29, rue Sambin
F - 21000 DIJON

Sanaa LEFDOU

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