Photo



EXCHANGE STUDENT APPLICATION FORM ACADEMIC YEAR 2011/ 2012

		D OF STUDIES:completed in capital letters i	n 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 DA	ENT'S DATA (to be completed by the student)						
	Date of birth: Gender: Current address:		First name: Place of birth: Nationality: Permanent address:					
	Address valid un Telephone numb	til: per:	Telephone number:					
PROG	RAMMES OFFE	RED: (please tick the stu	dy period and language of instruction)					
• Introdu □ in E □ in F	nglish		plies to those students who have never studied Business.					
□ Autu	ımn Semester	☐ Spring Semester	☐ Full year					
•	of Master. Equiva note that it is possi nglish	ANAGEMENT LEVEL 1 / lent to the 4 th year of Bacheld ble to mix languages only in						
	ımn Semester	☐ Spring Semester	☐ Full year					
☐ in E	r <i>of Master. Open t</i> nglish		PROGRAMME GRANDE ECOLE achelor's degree and to other students in specific cases.					

Student's name: Country:									
Explain briefly why you plan to study abroad									
y	Explain briefly wify you plan to study abroad								
LANGUAGE SKILLS									
Mother tongue: Language of instruction at home university (if different):									
English Language I	English Language Proficiency (English track students) :								
Identify any English I	language pro	ficiency test y	ou have taken	:					
Score:									
French Language P	roficiency (French track	students):						
Identify any French Is			_	:					
Score:									
Other languages	I am currer	ntly studying	I have s	ufficient	A supplemen	ntary training would			
	this language		knowledge to follow classes		give me sufficient knowledge to be able to follow classes				
	Voc	no							
	yes 🗆	no	yes	no 🗆	yes 🗆	no 🗆			
PROFESSIONAL EXPERIENCE RELATED TO YOUR STUDIES									
Type of profession	npany/organisation		Dates	Country					
PAST AND CURRENT STUDIES									
Name of the degree Number of years of h	tnat you are nigher educat	currently prep ion studies p	rior to departur	e abroad:					
Have you ever studied If so, when and when				lo □					
ii 30, when and when	G:								
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 NO	TIFIED IN C	ASE OF EME	ERGENCY						
Name:									
Relationship to you:									
Address:									
Telephone:									

Please check you have enclosed the following documents:

Completed Application form with your photo
1 photo for BSBU student ID card.
A certified copy of your degree translated into French or English, if applicable
Curriculum vitae / résumé in French or English
Enrollment certificate in English (from your home university)
Official transcript in English from the home university (courses attended + grades)
Copy of passport / identity card, and visa if applicable
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 only)
Registration for courses (online)
Completed Accommodation form
Copy of the birth certificate (only for non European students who stay for the full academic year)

Please return before May 15th 2011 to: Groupe ESC Dijon Bourgogne

International Office Sanaa LEFDOU 29, rue Sambin F - 21000 DIJON

Sanaa LEFDOU

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