



ECOLE DE COMMERCE EUROPEENNE BORDEAUX – LYON STUDY ABROAD / EXCHANGE APPLICATION

APPLICATION FORM ACADEMIC YEAR 2009-2010

- Full Academic Year 2009-2010 (application deadline: 05/31/2009)
 Fall Semester 2009-2010 (application deadline: 05/13/2009)
 Spring Semester 2009-2010 (application deadline: 10/30/2009)

Please
attach photo

This application should be completed in BLACK Ink.

YOU ARE APPLYING TO

School: ECE Bordeaux ECE Lyon
 Application for: Study Abroad Exchange

STUDENT PERSONAL DATA *(to be completed by the applicant)*

Family name:	First name(s):	
Date of birth (dd-mm-yyyy):	Place of birth:	
Sex:	Nationality:	
• Current address:		
Postal Code	City:	Country:
Current address is valid until:		
Phone:	E-mail 1:	E-mail 2:
• Permanent address (if different):		
Postal Code	City:	Country:
Phone:		

STUDENT INSTITUTION

Name and full address:		
Name Institutional Coordinator:		
Phone:	Fax:	Coordinator E-mail address:

EDUCATION - PREVIOUS AND CURRENT STUDY

Please check:

1 - The degree for which you are currently studying:

B.A. Specialization:

2 – Number of semesters completed before coming to ECE:

2nd 3rd 4th 5th 6th 7th 8th

BRIEFLY STATE THE REASONS WHY YOU WISH TO STUDY AT ECE Bordeaux-Lyon

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LANGUAGE SKILLS

➤ Native language:

➤ Language of instruction at home institution (if different):

Other spoken languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures with extra preparation	
	YES	NO	YES	NO	YES	NO
English	YES	NO	YES	NO	YES	NO
German	YES	NO	YES	NO	YES	NO
Spanish	YES	NO	YES	NO	YES	NO

English Proficiency: English Test

Name of the test	Score	Date
IELTS		
TOEFL		
Other		

➤ Have you already studied abroad? Yes No

If Yes, when and at which institution?

ACCOMMODATION

For accommodation needs, please fill in the information below:

Student residence for: 1 person 2 persons

WORK EXPERIENCE RELATED TO CURRENT STUDY (if applicable)

<i>Type of work experience - main assignment(s)</i>	<i>Company</i>	<i>dates</i>	<i>Country</i>

The attached **Transcript of Records** includes full details of previous and current higher education study. Details not known at the time of application will be provided later.

HOST INSTITUTION

We hereby acknowledge receipt of the application.

The above student is accepted at our institution as an exchange student

Institutional coordinator's signature:

Date:

STUDENT'S SIGNATURE

Date:

Signature:

PLEASE RETURN THIS APPLICATION FORM TO ONE OF THE ADDRESSES OR FAXES BELOW, DEPENDING ON YOUR CHOICE:

<p>ECE Bordeaux Fanny REMY 91, quai des Chartrons 33000 BORDEAUX</p> <p>Tel. +33 5 57 87 64 74 - Fax +33 5 57 87 58 95 Email: fremy@groupeinsec.com</p>	<p>ECE Lyon Marielle FOURNAND 21, rue Alsace-Lorraine 69001 LYON</p> <p>Tel. +33 4 78 29 80 28 - Fax +33 4 78 29 30 20 Email: mfournand@groupeinsec.com</p>
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