|  |  |
| --- | --- |
| logo%20icam |  |

**APPLICATION FORM**

**2020-2021**

*(****This application should be TYPED in order to be easily copied and/or telefaxed.)***

**SENDING INSTITUTION**

|  |
| --- |
| **Name and full address:**  ..…**……………………………………………………………………………….**  **…………………………………………………………………………………………………………..**  **Department coordinator - name, telephone and telefax numbers, email :......................................................**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………...**  **Institutional coordinator - name, telephone and telefax numbers, email : ……………………………………..**  **……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………....** |

**STUDENT’S PERSONAL DATA**

*(to be completed by the student applying)*

|  |  |
| --- | --- |
| **Family name**: ……………………………………………………….  **First name**:  **Gender : F** □ **M** □  **Date of birth**: ………………………………………………………  **Place of Birth**: ……………………………………………………..  **Nationality**:  **Second Nationality (if you have one):**  **Third Nationality (if you have one):** | **Current address in your home country** :  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  **Father’s Occupation: …………………………………………………**  **Mother’s Occupation: ……………………………………………….**  **Home phone number**: …………………………………………...  **Mobile phone number**: ………………………………………….  **Email**: |
| **Emergency contact person** - **Last name**: ………………………………………………. **First name**:......................................  **Relationship:** ……………………………………………………… **Phone number**: …………………………………………………………... | |

**EDUCATIONAL BACKGROUND**

**Home University: …………………………………………………………………………………………………**

**Diploma/degree for which you are currently studying:** ......................................................................................

**Major**………………………………………………………………………………………………………………………………………………………………..

**Last Diploma obtained and year**: ……..………………………………………………………………………………………………………………...

**Number of higher education study years prior to departure abroad:** ................................................................

**Have you already been studying abroad? Yes** □ **No** □

**If Yes, when? At which institution?** .......................................................................................................................

**FRENCH LANGUAGE LEVEL**

|  |
| --- |
| **Are you a beginner? Y**es □ No □  **Number of years studying this language:** ……………………………………………………………………………………………………….  **Have you sufficient knowledge to follow lectures:** ............................................................................................  **Any external language qualifications (DELF/DALF, TCF, TFI):** …………………………………………………………………. |

**OTHER LANGUAGE COMPETENCE**

|  |
| --- |
| **Mother tongue:**  **Language of instruction at home institution (if different):**  **Other Language(s):** |

**ARE YOU APPLYING FOR...**

|  |
| --- |
| ❑ **Scientific project** ❑ **Semester A** ❑ **Semester B**  ❑ **4th year** ❑ **Semester A** ❑ **Semester B** ❑ **Whole year**  ❑ **3rd year** ❑ **Semester A** ❑ **Semester B** ❑ **Whole year**  ❑ **Double Degree (Two Years)** |

**INSURANCE/HEALTH**

|  |
| --- |
| If you have an insurance, the insurance required for the program in France must cover the following risks:   * Medical expenses & hospitalization in France, * Assistance services (medical evacuation and repatriation to home country), * Personal liability (coverage of damage caused to third party) * Work accident (for internship) |
| Do you have a physical or medical condition we need to be aware of (allergy, chronic disease, medical treatment, specific diet …)? ………………………………………………………………………………………………………………….. |

**CHECKLIST:**

* **One ID Picture MANDATORY in JPEG format**
* **Copy of your passport for non-European students**
* **Copy of your Passport or European ID Card for European students**
* **Letter of enrolment of the sending university**
* **For European students: copy of the European Health Insurance student card**
* **Official transcript**

**Please send ALL the mentioned documents along with this form by email fully filled in to the international office mentioned below.**

**ACCOMMODATION:**

Icam campus can provide you with a room in our Campus Residence, also known as Maison des Icams (MI). Please fill in the table below whether you request a room or not:

|  |
| --- |
| ☐ I request a room at Icam residence on Campus (MI).  ☐ I do not request a room at Icam residence on Campus (MI). |

If you request a room at the MI, the MI Manager will get in touch with you to give you further information and confirm the reservation.

Date: Signature of the student

**RECEIVING INSTITUTION**

|  |  |
| --- | --- |
| ❑ **Icam site de Lille** - 6, Rue Auber BP 10079 - 59046 Lille cedex – France  [maria.herbaut-aguirre@icam.fr](mailto:maria.herbaut-aguirre@icam.fr)  ❑ **Icam site de Nantes** - 35, Avenue du champ de Manœuvres 44470 Carquefou – France  [genevieve.baines@icam.fr](mailto:genevieve.baines@icam.fr)  ❑ **Icam site de Toulouse** - 75, Avenue de Grande Bretagne 31300 Toulouse – France  [catherine.maury@icam.fr](mailto:catherine.maury@icam.fr)  ❑ **Icam site de Paris Sénart** - Carré Sénart 2, allées des savoirs 77127 Lieusaint – France  [maryline.masson@icam.fr](mailto:maryline.masson@icam.fr)  ❑ **Icam site de Bretagne** - 9, rue du Commandant Charcot 56000 Vannes-France [genevieve.baines@icam.fr](mailto:genevive.baines@icam.fr)  ❑ **Icam site de Vendée** - 28, bd d’Angleterre 85000 La roche sur Yon – France [genevieve.baines@icam.fr](mailto:genevive.baines@icam.fr) | |
| Home University coordinator’s signature:  Date: ........................................................... | Hosting University coordinator’s signature:  Date :.................................................................. |