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**APPLICATION FORM**

**2020-2021**

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

**SENDING INSTITUTION**

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| **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**

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| **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**

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

**ARE YOU APPLYING FOR...**

|  |
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| ❑ **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**

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|  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**

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