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# **APPLICATION FORM SUMMER PROGRAM 2020**

(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:	Current address in your country:	
First name:	Current address my car country .	
First name .		
Gender: F□ M□	Home phone number :	
Date of birth:	Mobile phone number :	
Place of Birth:	Email:	
Nationality:		
Emergency contact person - Last name:	First name:	
Relationship: Phone number:		
EDUCATIONA	L BACKGROUND	
Home University:		
College:		
Diploma/degree for which you are currently studying:		
Major:		
Number of higher education study years prior to departure abroad:		
Have you already been studying abroad? Yes $\square$ No $\square$		
If Yes, when? At which institution?		

### FRENCH LANGUAGE LEVEL

Are you a beginner? Yes $\square$ No $\square$			
Number of years studying this language:			
Have you sufficient knowledge to follow lectures:			
Any external language qualifications (DELF/DALF, TCF, TFI):			
INSURANCE/HEALTH			
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),			
<ul> <li>Personal liability (coverage of damage caused to third party)</li> <li>Work accident (for internship)</li> </ul>			
vvolk decident (for internship)			
Insurance company:			
☐ AVI International ☐ Other Private International Insurance*			
Name:			
* Please enclose a certificate of you insurance company stating that you are fully covered for the risks above-mentioned during your stay in France.			
Do you have a physical or medical condition we need to be aware of (allergy, chronic disease, medical treatment, specific diet, food intolerances)?			
For the nautic activities, can you swim with complete autonomy ? Yes 🗆 No 🗀			
OPTIONAL FIELD TRIP			
<u>Trip in Paris</u>			
Would you like to participate in the weekend in Paris ? Yes $\square$ $$ No $\square$			



## SUMMER PROGRAM 2020 LETTER OF MOTIVATION

## Student's name:

Name of home university:

1) Briefly state why you wish to study abroad in France, what you expect of this summer program (general theme, activities, internship...), what you hope to gain from this personal/professional experience.

RECEIVING INSTITUTION		
Icam Bretagne - 9, rue du Commandant Charcot - 56000 Vannes – France		
We hereby acknowledge receipt of the application.		
The above-mentioned student is:		
☐ provisionally accepted at our institution		
□ not accepted at our institution		
Departmental coordinator's signature:	Institutional coordinator's signature:	
Date:	Date :	

2) Tell us more about yourself: Do not hesitate to give us all the information that can help us to know more about you: Sport and/or leisure activities, other fields of

interest...