



Apprendre & Entreprendre

ERASMUS / DIRECT ENTRY APPLICATION FORM
ACADEMIC YEAR 2015//2016

NAME OF STUDENT / NOM DE L'ETUDIANT:

SENDING INSTITUTION / ETABLISSEMENT D'ORIGINE: (Photo)

COUNTRY / PAYS:

Induction week (Intensive French course 07to 11 September)
Autumn semester / 1er semestre (Sept. - Jan.)
Spring semester / 2eme semestre (Feb. - June)
Intended day of arrival / Date d'arrivee prevue: ___/___/_____

PROGRAMME OF STUDY AT IPAC / PROGRAMME D'ETUDE A IPAC (tick one / cochez une case)
Bachelor Management et Gestion des Entreprises: [] 1st year [] 2nd year
Bachelor en Tourisme: [] 1st year [] 2nd year [] 3rd year
Bachelor en Affaires Internationales: [] 1st year [] 2nd year
Bachelor Marketing, Commerce, Négociation: [] 3rd year
Bachelor in International Business Studies with Marketing (English): [] 3rd year
MBA Management du Développement Commercial: [] 1st year [] 2nd year

Number of ECTS credits to validate / Nombre de credits ECTS à valider:

(please complete in block letters)

STUDENT'S PERSONAL DATA / INFORMATIONS PERSONNELLES DE L'ETUDIANT

(to be completed by the student / à compléter par l'étudiant)

Family name / Nom: First name / Prénom:
Date of birth / Date de naissance: Nationality / Nationalité:
Gender / Sexe: Place of birth / Lieu de naissance:
Current address / Adresse actuelle: Permanent address / Adresse permanente:
Current address is valid until / Valide jusqu'au:
Tel: Tel:
E-mail:

PREVIOUS AND CURRENT STUDIES / FORMATION SUIVIE

Programme you are currently studying in your home institution / Programme étudié actuellement:

Stage you are currently studying in your home institution / Année: [] Year 1 [] Year 2 [] Year 3 [] Other
Have you already studied abroad? / Avez-vous déjà étudié à l'étranger? Yes / Oui [] No / Non []
If Yes, when? / Si Oui, quand? At which institution? / Etablissement?

LANGUAGE COMPETENCE / COMPETENCE LINGUISTIQUE

Mother tongue / *Langue maternelle*:
 Language of instruction at home institution (if different) / *Langue d'enseignement dans l'établissement d'origine*:

Other languages / <i>Autres langues</i>	I currently use this language / <i>J'utilise actuellement cette langue</i>		I have sufficient knowledge to follow lectures / <i>J'ai des connaissances suffisantes pour suivre les cours</i>		I would have sufficient knowledge if I had extra preparation / <i>J'aurais assez de connaissances si je suivais une préparation</i>	
	Yes / <i>Oui</i>	No / <i>Non</i>	Yes / <i>Oui</i>	No / <i>Non</i>	Yes / <i>Oui</i>	No / <i>Non</i>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant) / EXPERIENCE PROFESSIONNELLE

Type of work experience / <i>Type d'expérience professionnelle</i>	Firm / organization / <i>Entreprise</i>	Dates / <i>Dates</i>	Country / <i>Pays</i>
.....
.....
.....

SENDING INSTITUTION (if ERASMUS or Bilateral Agreement) / ETABLISSEMENT D'ORIGINE

Address / *Adresse*:
 Department coordinator – name, phone and fax numbers, e-mail / *Coordinateur département*:
 Institutional coordinator – name, phone and fax numbers, e-mail / *Coordinateur International*:

SENDING INSTITUTION'S SECTION

I certify that this student is of good academic standing and has an adequate command of the language of the host country. I recommend this student to be accepted.

Signed _____ Title _____ Date _____ Stamp _____

**(This form requires a stamp of your University)
 Please fill in and return this form for 31st May 2014 to**

IPAC International Office, 42 Chemin de la Prairie, 74000 Annecy, France, Fax: + 33 (0)4 50 45 84 81

RECEIVING INSTITUTION / ETABLISSEMENT D'ACCUEIL

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's transcript of records.

The above-mentioned student is: provisionally accepted at our institution / *provisoirement accepté*
 not accepted at our institution / *pas accepté*

Department coordinator signature's _____ Institutional coordinator's signature _____ Stamp _____
 Date _____ Date _____

CHECKLIST NECESSARY DOCUMENTS

Before your arrival at IPAC, you need to send us clearly legible copies of the following documents.

Please attach them to this application form and send them at the same time.

- 3 pictures / 3 photos
- Copy of your Transcript of Records of previous studies / *Copie des Bulletins de notes des années précédentes*
- Learning agreement (signed by the student and the home university) / *Contrat d'études (ERASMUS)*
- Curriculum Vitae / CV
- Presentation and application letter written by the student / *Lettre de motivation*
- Copy of your valid passport (for non EU students) or copy of your valid ID card / *Copie valide du passeport (pour les étudiants non-Européens) ou de la carte d'identité*
- Liability insurance / *Assurance responsabilité civile*
- Proof of health insurance for your stay in France. For non EU students it must include repatriation. / *Copie de votre Carte Européenne d'Assurance maladie. Pour les étudiants non-européens cette assurance doit inclure le rapatriement.*