**INTERNATIONAL AFFAIRS**

EXCHANGE STUDENT APPLICATION

**(Academic year 2017/2018)**

**No application will be considered unless all of the requested documents including this form have been completed (all the fields of this form need to be filled with care).**

*Please complete in BLACK for better copying and faxing*

FIELD OF STUDY:

**SENDING INSTITUTION** (To be completed by the Departmental or Institutional Coordinator at the sending institution)

Name and full address of home institution:

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International Affairs Institutional Contact: name/phone/fax/e-mail/

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Departmental Coordinator: name/tel/fax/e-mail

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**STUDENT'S PERSONAL DATA** (To be completed by the student applying)

Family name: ......................................................... First name(s): ...............................................

Date of birth: .......................................................... Gender: ........ Nationality: ............................  
Place of birth: ......................................................... Permanent address (if different):

Current address: .................................................... ......................................................................

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E-mail: ……………………………………………….. ......................................................................

Phone: ............................................................ Phone: ..................................................

This address is valid until: ......................................

**Emergency contact information:**

Full Name: ............................................................

Email: ..................................... Phone: .....................................................................

*Please complete page 2 also*

**Université Grenoble Alpes – Department of Chemistry and Biology**

**EXCHANGE STUDENT APPLICATION page 2**

Name of student: .....................................................................................................................................

Sending institution: ...................................................................... Country: ...................….....................

**LANGUAGE COMPETENCE**

Mother tongue: ................................ Language of instruction at home institution (if different)........................

Other languages I am currently studying I have sufficient knowledge I would have sufficient knowledge to

This language to follow lectures follow lectures if I had some extra preparation

YES NO YES NO YES NO

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**PREVIOUS AND CURRENT STUDIES**

Number of higher education study years prior to departure: ...................................….........................

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

Date when you expect to complete your diploma: .........................................................................…….....…..

Did you previously have a study experience abroad? Yes  No 

If yes, when? At which institution? ........................................................................................……...................

**PERSONAL STATEMENT AND CURRICULUM VITAE**

*A personal statement needs to be provided together with this form. It should give insight into reasons for studying abroad at our University and how this experience will be beneficial for professional and/or personal career plans. You can also give further information about yourself e.g. positions of responsibility, general interests and achievements. Please do not exceed 1 A4 page (typed). Also attach a curriculum vitae.*

**ACADEMIC RECORDS**

*Please attach copies of official records (stamped and/or signed by your institution) that include full details of all your previous higher education, a French or English level certificate, a list of courses currently followed and a web reference to your degree course catalog.*

**PROPOSED STUDY PROGRAMME ABROAD**

Proposed period of study abroad: Year  Semester 

Specify approximate dates: ................................................................................................................

Course code Name of course Credits (ECTS)

(e. g. CHI 110, BIO 232)

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**RESERVED FOR RECEIVING INSTITUTION**

Student’s Name:

Home institution:

Main field and degree of study:

We hereby acknowledge receipt of the application and the candidate's academic records.

The above-mentioned student is  provisionally accepted at our institution

 not accepted at our institution

Departmental coordinator's signature

..................................................................... Date: .....................................................................