## Deadline for application: 1st June (or 15th October for second term)

To be send back with all the requested documents to:

polytech.relint@univ-grenoble-alpes.fr





**PHOTO** 

## INTERNATIONAL RELATIONS **EXCHANGE STUDENT APPLICATION**

All Incomplete application or with the requested documents Missing will be rejected

Please complete in <b>BLACK</b> for better copying and scanning			
FIELD OF STUDY:			
SENDING INSTITUTION			
Name and full address of institution :			
International Relations Institutional Contact : name/tel/fax/e-mail/			
Departmental Coordinator : name/tel/fax/e-mail			
STUDENT'S PERSONAL DATA			
Family name :	First name(s):		
Date of birth :	Sex : Nationality :		
Place of birth :	Permanent address :		
Current address :			
E-mail:			
Telephone :	Telephone :		
This address is valid until:			

Please complete page 2 also

## **EXCHANGE STUDENT APPLICATION**

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LANGUAGE COMPETENCE (please be aware that the courses are in French and work in the labs can be done in English)

Mother tongue :	ther tongue : Language of instruction at home institution (if different):					
Other languages	I am currently studying I have sufficient knowledge this language to follow lectures YES NO YES NO		ollow lectures	I would have sufficient knowledge to follow lectures if I had some extra preparation YES NO		
FRENCH:						
:						
:						
PREVIOUS AND CURRENT STUDIES						
Number of higher education study completed years prior to departure abroad :						
Diploma/degree for which you are currently studying :						
Date when you expect to complete them :						
Have you previously had study experience abroad ? Yes No						
If yes, when ? at which	n institution?					
Exchange program:						
Erasmus Bilateral Agreement Offenburg Stic Brafitec Arfitec						
ACADEMIC RECORD  Please attach copies of records to include full details of your previous higher education study  Incomplete applications will be rejected						
PLEAS	E BE SURE TO	ADD ALL THE	REQUES	STED DOCUMENTS : Please quote		
- Application Form (this document)  - Learning agreement (to be found on our web site)  - Transcripts of records of your previous university studies  - Curriculum (please detail precisely your cursus)  - Passport size photograph on the application form						
Type and duration of stay : (please quote clearly)						
study period :						
Double degree : when available, (2 years)  One Year exchange program (September – June)  First semester only (September – January)  Second semester only (January – June)						
laboratory internship	only					
From :	To:					
RECEIVING INSTITUTION						
We hereby acknowledge receipt of the application and the candidate's academic records.						
The above-mentioned	student is		acc	cepted at our institution		
			not	accepted at our institution		
Departmental coordinator's signature						
		Date				