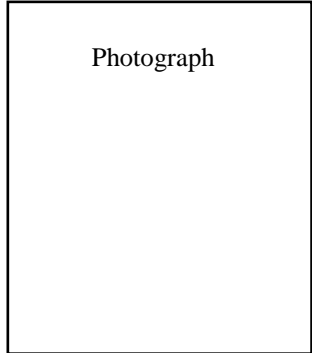


# CPE LYON

## ***STUDENT APPLICATION FORM***

**2017 - 2018**



FIELD OF STUDY : .....

*This application should be completed in BLACK in order to be easily copied and/or telefaxed.*

### SENDING INSTITUTION

**Name and full address of the Institution :**

.....

.....

*Departmental coordinator - name, telephone and telefax numbers, e-mail box :*

.....

.....

*Institutional coordinator - name, telephone and telefax numbers, e-mail box :*

.....

.....

### STUDENTS PERSONAL DATA

(to be completed by the student applying)

Family name : .....	First name(s) : .....
Sex : .....	Nationality : .....
Date of birth : .....	Place of birth : .....
Current address : .....	Permanent address (if different) : .....
.....	.....
.....	.....
.....	.....
Current address is valid until : .....	Email : .....
Tel : .....	Tel : .....

### LIST OF INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference) :

Institution	Country	Period of Study		Duration of stay (months)	No. of expected ECTS credits
		from	to		
1					
2					
3					

Name of the student : .....

Sending Institution : Country :

Briefly state the reasons why you wish to study abroad ?

.....

.....

.....

**LANGUAGE COMPETENCE**

Mother tongue :.....

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

Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
.....	YES	NO	YES	NO	YES	NO
.....	<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)**

Type of work experience	Firm/organisation	dates	country
.....	.....	.....	.....
.....	.....	.....	.....

**PREVIOUS AND CURRENT STUDY**

Diploma/degree for which your are currently studying : .....

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

Have you already been studying abroad ? yes  no

If yes, when ? at which institution ? .....

**Please attach transcript of Records and full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad ? yes  no

**RECEIVING INSTITUTION**

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

not accepted at our institution

Departmental Coordinator's signature ..... Institutional Coordinator's signature .....

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

# **ECTS-EUROPEAN COMMUNITY COURSE CREDIT TRANSFER SYSTEM**

## **LEARNING AGREEMENT**

**ACADEMIC YEAR 2017/2018 - FIELD OF STUDY :** .....

Name of the student : .....

Sending Institution : ..... Country : .....

### **DETAILS OF THE PROPOSED STUDY OF PROGRAMME ABROAD/LEARNING AGREEMENT**

Receiving Institution : ..... Country : .....

Course Code (if any)	Course title	N0 of ECTS credits

Student's signature ..... Date .....

### **SENDING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved.

Departmental Coordinator's signature  
.....

Intitutional Coordinator's signature  
.....

Date : .....

Date : .....

### **RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved.

Departmental Coordinator's signature  
.....

Intitutional Coordinator's signature  
.....

Date : .....

Date : .....

Name of the student : .....  
 Sending Institution : ..... Country : .....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

Course code	Course title	Deleted course	Added course	Number of ECTS credits
.....	.....	<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"/>	.....

If necessary, continue this list on a separate sheet

Student's signature ..... Date .....

**SENDING INSTITUTION**

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature ..... Intitutional Coordinator's signature .....

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

**RECEIVING INSTITUTION**

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature ..... Intitutional Coordinator's signature .....

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