Photograph

## CPE LYON STUDENT APPLICATION FORM

2022 - 2023

FIELD OF STUDY:	••••••	•••••				
This application should be completed in BLA	CK in order	to be easily	copied an	ed scanned.		
SENDING INSTITUTION						
Name and full address of the Instit	tution :					
		•••••	•••••			
Departmental coordinator - name, te					••••••	
Dopul military in the second of the second o						
Institutional coordinator name tale						
Institutional coordinator - name, tele	?pnone, e-n					
	•••••	************	•••••		•••••	
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 adddress is valid until:	Email					
Tel:		Tel:				
LIST OF INSTITUTION WHICH WI	LL RECEI	VE THIS	APPLIC	CATION FORM		
(in order of preference):  Institution	Country	Daried c	B : 1 (G: 1   B ::		No of avnosted	
Institution	Country	Period of Study		Duration of stay (months)	No. of expected ECTS credits	
	1	from	to			
1						
2						
2						

Name of the stud Sending Instituti					 Country:		
Briefly state the	reasons	why you w	ish to study	y abroad:			
	•••••••						
							<u></u>
LANGUAGE CO							
Mother tongue							
Language of in	struction	n at home i	nstitution (i	If different):		•••••	
Other languages	nguages I am currently studying 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	
		_ 					
WORK EXPER	IENCE ]	RELATED	TO CURR	ENT STUDY	(if relevant)		
Type of work			Firm/org	rganisation	dates		country
PREVIOUS AN	ND C <u>U</u> I	RREN <u>T S</u> 7	TUDY				
Diploma/degree f		•					
Number of higher Have you already			-		d : no □	•••••	
If yes, when ? at v				-			
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.							
RECEIVING I	NSTIT!	UTION					
	knowled	lge receipt	of the ar	plication, the	e proposed learn	ning agre	ement and the
The above ment	_			-	ly accepted at our		1
-	not accepted at our institution al Coordinator's signature Intitutional Coordinator's signature						
Date :	••••••	•••••		Date:		••••••	••••••

## LEARNING AGREEMENT

ACADEMIC YEAR 2022/2023 - FIELD OF	<b>STUDY</b> :				
Name of the student :					
Sending Institution: Country:					
DETAILS OF THE PROPOSED STUDY OF PR	ROGRAMME ABROAD/LEARNING AGREEMEN				
Receiving Institution:	Country :				
Course Code (if any) Co	urse title N0 of ECTS credi				
	l .				
Student's signature	Date				
SENDING INSTITUTION					
We confirm that this proposed programme of st	• • • • • • • • • • • • • • • • • • • •				
Departmental Coordinator's signature	Intitutional Coordinator's signature				
Date:	Date:				
RECEIVING INSTITUTION					
We confirm that this proposed programme of st	udy/learning agreement is approved.				
Departmental Coordinator's signature	Intitutional Coordinator's signature				
Date:	Date :				

Name of the student :							
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			
	I	If necessary, con	ntinue this lis	st on a separate sheet			
Student's signature							
SENDING INSTITUTION  We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.							
Departmental Coordinator's signa		Intitutional Coordinator's signature					
Date:		Date:					
RECEIVING INSTITUTION  We hereby confirm the above-listed changes to the initially agreed programme of study/learning							
we hereby confirm the above-list agreement are approved.  Departmental Coordinator's signature		ed programi l Coordinato					
Date :							