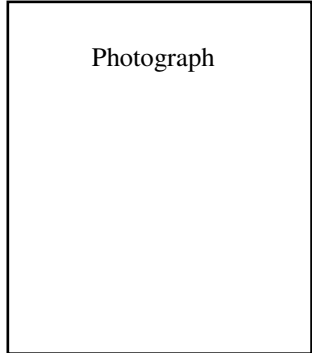


CPE LYON

STUDENT APPLICATION FORM

2022 - 2023



FIELD OF STUDY :

This application should be completed in BLACK in order to be easily copied and scanned.

SENDING INSTITUTION

Name and full address of the Institution :

.....

Departmental coordinator - name, telephone, e-mail:

.....

Institutional coordinator - name, telephone, e-mail:

.....

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 :

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 :