



## **EXCHANGE** STUDENT APPLICATION FORM



Student's personal data					
Family name:	Permanent address:				
First name:	Gender: □ Male □ Female				
Date of birth (Day/Month/Year) :	Place of birth:				
Tel.:	E-mail:				
Nationality:	ID or passport #.:				
Emergency contact information					
Name:					
Address:					
Phone:	Relationship:				
Provious and surrent study					
Previous and current study					
·	prior to departure abroad:				
rieta di Stady:					
Languages					
French: Fluent / Intermediate / Basic					
English: Fluent / Intermediate / Basic Do you wish to have an access to e-learning in	French (free of charge): ☐ Yes ☐ No				
Computer languages:					
Housing					
· ·	an give you information about the various possibilities.				
Students are responsible for the choice and the	·				
Do you wish EPITA to help you find accommoda					
Sending institution					
Name:	Country:				
Full address					
Department Coordinator – name, telephone, fa	x, e-mail:				
International Relations Coordinator - name, tel	ephone, fax, e-mail:				

:03 Page	
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Receiving institutio	n				
•		_ Country: Fran	Country: France		
Full address: 14-16, rue Vo					
Dean of Studies – name, to	elephone, fax, e-mail:				
Christian Dujardin, Tel.:+3	3-1 44 08 01 60, Fax: +3	3-1 53 14 59 22,	dujard_c@epita.fr		
International Relations Co	oordinator - name, telep	hone, fax, e-mail	l:		
Célia Fernandez, +33-1 44	08 00 32, +33-1 80 51 7	1 31			
celia.fernandez@epita.fr					
Duration of stay:	□ one semester □	two semesters			
	From		То	(month – year)	
Financial Support In addition to tuitions and expenses (rent, food, trans				ros/semester to cover your living	
Please list your sources of	f support (in euros per s	semester):			
•					
•					
Total (one semester):		_ amount:			
Certification  I hereby certify that all sta	itements on this applica	tion are true and	accurate and that th	e stated funds are available for my	
educational expenses at E	PITA. I understand that	the submission (	of inaccurate informa	tion can be considered sufficient	
cause for terminating my					
Signature		Date			
Application checkli	st				
ightarrow Completed application	form and photo				
ightarrow Curriculum vitae					
ightarrow Statement of purpose (	description of your back	kground and the i	reasons why you wan	t to come to EPITA)	
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- $\rightarrow$  Copy of transcripts into French or English, certified by home institution
- ightarrow Copy of TCF (Test de Connaissance du Français or French competency test)
- ightarrow Copy of passport (main pages)
- ightarrow Proof of international health coverage

We will not accept applications without the complete documentation. The complete file should be send by mail/fax and post mail by your international coordinator.



