

APPLICATION FORM FOR EXCHANGE STUDIES 2024-2025

Period Autumn semester Spring semester Whole academic year		☐ Ar	Field of study ☐ Art ☐ Design		
Applicant First name: Last name: Date of birth: Nationality: Telephone: Place of birth: Gender:	Female	_	n-binary ne):		
Education Home institution: Department: International coordinator: Level of current studies: Bachelor degree Master degree Number of higher education study years achieved prior to your departure: Languages					
Language	Beginner	Fair	Good	Expert	
French					
English Other					
	Signature of student Date: Signature:				
Signature of stud	dent	Signa	ture:		