

APPLICATION FORM FOR EXCHANGE STUDIES 2025-2026

Period

- ☐ Autumn semester
☐ Spring semester
☐ Whole academic year

Field of study

- ☐ Art
☐ Design

Applicant

First name:

Last name:

Date of birth:

Nationality:

Telephone:

Place of birth:

Gender: ☐ Female ☐ Male ☐ Non-binary

E-mail:

Postal address:

Emergency contact (name, relationship, telephone):

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:

Please enclose CV, cover letter, photo, ID/Passport and portfolio and return to ri@esam-c2.fr within May 15th for the autumn semester or November 15th for the spring semester.