

APPLICATION FORM FOR EXCHANGE STUDIES 2026-2027

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Signature of student

Date : ____ / ____ / ____

Signature :