

APPLICATION FORM 2012-2013 EXCHANGE STUDENTS

Which semester would you apply?

- First semester (Fall)
 Second semester (Spring)
 Full year

Which center would you apply?

- Nice Paris

This application should be completed in BLOCK LETTERS so that it can be easily copied and/or faxed

SENDING INSTITUTION

Name:
 Institutional coordinator:
 Tel: E-mail:
 Departmental coordinator:
 Address:
 Tel: E-mail:

STUDENT'S PERSONAL DATA (to be completed by the student applying)

Family name:..... First name(s):
 Passport/Identity Card number:..... Date of birth: Sex:.....
 Place of birth: Nationality:.....
 Current address: Permanent address (if different):

 Current address is valid until: Tel:.....
 E-mail:

TYPE OF MEDICAL INSURANCE (to be completed by the student applying)

European health Card Private

STUDENT'S SIGNATURE:

Date:

SENDING INSTITUTION

Departmental Coordinator's signature:	Institutional Coordinator's signature:
Date:	Date:

Required Documents

- Application form
- Learning agreement
- Academic transcripts
- Health insurance copy card
- Passport copy or ID card copy if you are European
- 2 passport pictures

All those documents have to be sent with your application form.

Address to send your documents

Your departmental coordinator has to send those documents by e-mail and by post.

If you apply for Nice:

IPAG Nice
Caroline FERRERO
6 boulevard Carabacel
06000 NICE
FRANCE
e-mail: c.ferrero@ipag.fr
Tél: +33 4 93 13 39 20

If you apply for Paris:

IPAG Paris
Hari LEHAL
184 boulevard Saint Germain
75006 PARIS
FRANCE
e-mail : hari.lehal@ipag.fr
Tél : +33 1 53 63 36 05