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| Student Application Form 20.. - 20.. IN | | | |
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|  |  | **ARCHITECTURE** |  |
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| **1.** | **SENDING INSTITUTION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and full address of the Institution: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Department Coordinator : | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
| Relations Internationales | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| Institutional Coordinator: | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | |
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| **2.** | **Student’s personal data: (To be completed by the student applying)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family name : | | |  | | | | | | |  | | | First name(s): | | | | | | | |  | | | | | | | | |
| Date of Birth: | | |  | | | | | | |  | | | Sex: | | | | | | | |  | | | | | | | | |
| Place of birth: | | |  | | | | | | |  | | | Nationality: | | | | | | | |  | | | | | | | | |
| Current address: | | |  | | | | | | |  | | | **Permanent address** (if different): | | | | | | | | | | | |  | | | | |
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| Current telephone: | | |  | | | | | | |  | | | **Permanent telephone** (if different): | | | | | | | | | | | | | |  | | |
| The current address if valid unti l: | | | | | |  | | | | |  | | | Current fax / e-mail: | | | | | | | | |  | | | | | | |
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| Number of higher education study years prior to departure abroad : | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| Diploma/degree for which you are currently studying: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date when you began these studies: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date when you expect to complete them: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Have you already been an exchange student? | | | | | | |  | | | | | | | | | | Yes | | | | | | | **No** | | | | | |
| If yes, when? | |  | | | | | At which Institution? | | | | | | | | | | | | |  | | | | | | | | | |
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| Periods of studies | | | | |  |  | |  | Duration of stay | | | | | | | | | | | | | Number of | | | |  | |  | |
|  |  | |  |  | | | | | |  | | |  | | | | Expected credits | | | |  | |  | |
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| **3.** | | | **RECEIVING INSTITUTION** | | | | | | | | | | | | | | | | | | |
| Name and full address of the Institution: **Ecole Nationale Supérieure d’Architecture de Marseille** | | | | | | | | | | | | | | | | | | | | | | |
| **184 Avenue de Luminy** | | | | | | | | | | | | | |  | | | | | | | | |
| **Case 924** | | | | | | | | | | | | | | F-MARSEIL 17 | | | | | | | | |
| 13288 MARSEILLE cedex 9 | | | | | | | | | | | | | |  | | | | | | | | |
| Department Co-ordinator : | | | | | |  | | | | | | | |  | | | | | | | | |
| Relations Internationales | | | | | | **Mme Véronique ROBLIN** | | | | | | | | Phone **00 33 4 91 82 71 60** | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | |
| Institutional Co-ordinator | | | | | |  | | | | | | | | Fax **00 33 4 91 82 71 75**    **e-mail :**  **relations-internationales@marseille.archi.fr** | | | | | | | | |
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| FRENCH LANGUAGE COMPETENCE: please, see info sheet | | | | | | | | | | | | | | | | | | | | | | |
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| Work Experience related to current Study (if relevant) : | | | | | | | | | | | | | | | | | | | | | | |
| Type of work experience | | | | | | | | Firm/Organisation | | | Dates | | | | | | Country | | | | | |
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| Do you receive funding from any sources? | | | | | | | | | | | | | Yes | | | | | **No** | | | | |
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| If yes, which? | | | |  | | | | | | | | | | | | | | | | | | |
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|  | | Details of Proposed Study Programme Abroad/Learning Agreement : | | | | | | | | | | | | | | | | | | | | |
| Period of study abroad from: | | | | | | |  | | | | | to | | |  | | | | | | | |
| Total duration in months of my stay abroad: | | | | | | | | |  | | | | | | | | | | | | | |
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| Programme of courses | | | | | | | | | | **I wish to participate at the receiving institution** | | | | | | | | | |  | | |
| to fill in only in case you don’t have any learning agreement from your university | | | | | | | | | | to fill in only in case you don’t have any learning agreement from your university | | | | | | | | | |  | | |
| **Course name with code** | | | | | | | | | | **Description** | | | | | | | | | | **Nb. of credits** | | |
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| **Student’s signature:** |  |  |  | Date: |  |  |

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| **Sending Institution:** | I confirm that this application is approved |  |

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| Departmental Co-ordinator’s signature: |  |  |  | Date: |  |  |

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| Institutional Co-ordinator’s signature: |  |  |  | Date: |  |  |

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| **Receiving Institution**: | I confirm that this application is approved |  |

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| Departmental Co-ordinator’s signature: |  |  |  | Date: |  |  |

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| Institutional Co-ordinator’s signature: |  |  |  | Date: |  |  |

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| NB: This document is not valid without the signature of the administration officer and the official stamp of the Institution | |
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