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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 |  |  |
|  |  |  |
| 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): |  |
|  |  |  |  |
|  |  |  |  |
| Current telephone: |  |  | **Permanent telephone** (if different): |  |
| The current address if valid unti l: |  |  | Current fax / e-mail: |  |
|  |  |  |  |  |
|  |  |
| Number of higher education study years prior to departure abroad : |  |
|  |  |
|  |  |
| Diploma/degree for which you are currently studying: |  |
| Date when you began these studies: |  |
| Date when you expect to complete them: |  |
|  |
|  |  |
| Have you already been an exchange student? |  | Yes [ ]  | **No** **[ ]**  |
| If yes, when? |  | At which Institution? |  |
|  |  |  |  |
|  |
| 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 |
|  |
|  |
| 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? |  |
|  |  |  |  |
|  | Details of Proposed Study Programme Abroad/Learning Agreement :  |
| Period of study abroad from: |  | to |  |
| Total duration in months of my stay abroad: |  |
|  |
| 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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