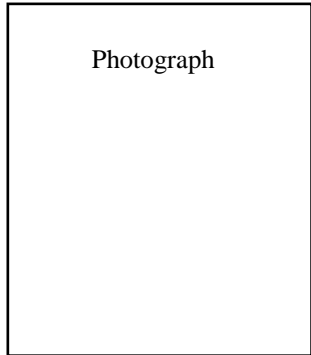


# **CPE LYON**

## **STUDENT APPLICATION FORM**

**2009 - 2010**



FIELD OF STUDY : .....

*This application should be completed in BLACK in order to be easily copied and/or telefaxed.*

### SENDING INSTITUTION

**Name and full address of the Institution :**

.....

.....

*Departmental coordinator - name, telephone and telefax numbers, e-mail box :*

.....

.....

*Institutional coordinator - name, telephone and telefax numbers, e-mail box :*

.....

.....

### STUDENTS PERSONAL DATA

(to be completed by the student applying)

Family name : .....	First name(s) : .....
Sex : .....	Nationality : .....
Date of birth : .....	Place of birth : .....
Current address : .....	Permanent address (if different) : .....
.....	.....
.....	.....
.....	.....
Current address is valid until : .....	Email : .....
Tel : .....	Tel : .....

### LIST OF INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

(in order of preference) :

Institution	Country	Period of Study		Duration of stay (months)	No. of expected ECTS credits
		from	to		
1					
2					
3					





Name of the student : .....  
 Sending Institution : ..... Country : .....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**

(to be filled in ONLY if appropriate)

Course code	Course title	Deleted course	Added course	Number of ECTS credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

If necessary, continue this list on a separate sheet

Student's signature ..... Date .....

**SENDING INSTITUTION**

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature ..... Intitutional Coordinator's signature .....

Date : ..... Date : .....

**RECEIVING INSTITUTION**

We hereby confirm the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental Coordinator's signature ..... Intitutional Coordinator's signature .....

Date : ..... Date : .....