



**STUDENT APPLICATION FORM
SOCRATES INTENSIVE PROGRAM IN LA ROCHELLE**

June 29, 2010 – July 10, 2010

SENDING INSTITUTION

Name and full address of the Institution:

.....

.....

Department:

Institutional Socrates IP coordinator :

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

Family name:	First name (s):
Date of birth:
Sex (M/F): Nationality:	Permanent address (if different): .
Place of Birth:
Current address:
.....
.....
Tel.:	Tel.:
Mobile phone:	
E-mail:	

PREVIOUS AND CURRENT STUDY

Level of study (F=FIRST CYCLE, S=SECOND CYCLE, T=THIRD CYCLE) :

Diploma/degree for which you are currently studying:

Year of study prior to IP period (in the ac. year 2009/2010)

Date

Signature