

# APPLICATION FORM

## Erasmus+ /Exchange semestre 2019

### TO BE FILLED OUT BY THE STUDENT

**Last name:**      **First name:**      **Date of birth:**

Current mailing address:

Permanent address (if different from current as indicated above):

Primary telephone:      Mobile/cell phone:

Email address:

---

### FAMILY INFORMATION

Parent/Guardian #1

Male  Female       Living? Yes  No

Address (if different from yours):

Primary telephone:      Mobile/cell Phone:

Email address:      Profession:

Parent/Guardian #2

Male  Female       Living? Yes  No

Address (if different from yours):

Primary telephone:      Mobile/cell phone:

Email address:      Profession:

---

### ACADEMIC INFORMATION

Name of home institution/university:

International coordinator: Ms  Mr       Email:

Telephone:

Department coordinator: Ms  Mr       Email:

Telephone:

Field of study at home institution:

Ongoing diploma/degree:

Test of English as a Foreign Language:

*N.b. students are required to have an upper-intermediate level at English communication (oral, reading, listening and writing). The minimum requirement is Level B2 of the Common European Framework of Reference.*

Applying as: Erasmus+  Exchange

---



### Extracurricular and volunteer information

*Please list any significant extracurricular or activities and hobbies in which you have participated. Include specific accomplishments such as musical accolades, athletic distinctions, etc.*

**i** As a student at L'École de Savignac, you are required to wear professional attire as though you were going to work in the hospitality industry, during school hours (between 9am and 6pm).

Female students:

Dress, skirt or trousers, jacket/blazer and comfortable flat shoes or heels

Skirts and dresses must be knee-length or just above the knee

Male students:

Shirt and tie or bow-tie, jacket/blazer and lace-up shoes

---

### Authorisation

Your signature below

Confirms all information in this application (including any supplemental information) is factually true and honestly presented and that you are the person submitting this application

Signature of applicant:

Date:

---

### TO BE FILLED BY SENDING INSTITUTION

We hereby acknowledge the applicant's study abroad semester and the applicant's learning agreement (when applicable).

Department coordinator's signature

International coordinator's signature

Date and institution stamp:

---

### TO BE FILLED BY RECEIVING INSTITUTION

We hereby acknowledge the receipt of this application and the proposed learning agreement

Department coordinator's signature

International coordinator's signature

Date and institution stamp:

