

APPLICATION FORM FOR EXCHANGE STUDENTS

РНОТО	Surname :						
	First name :						
	First name :						
	Country :						
Please select the p	□ rogram. the period a	nd the year in which yo	ou would like to be	integrated.			
		EUROPE	BUSINESS F				
		PROGRAM	3rd year	4th year			
Semester 1: Sep	t-Dec 2023						
Semester 2: Jan – April 2024							
1 year: Sept 2023 – April 2024							
credits requi	red. or 1 year, and if you are		epending on the part	ster or 1 year) and the nur nership with your universi February.			
Date of birth & age:			11 -	Occupation of :			
_			Your fathe	Your father:			
City/country of birth							
Permanent address:				Emergency contact: phone number and email with name			
Postal Codo:	Town						
Postal Code	10wn:			ate by number your parents	s' area of activity		
Country:				according to the description below.			
Mobile phone:			2 Craftsm	Craftsman and Business people			
			© Profess	Professional and Managerial Positions			
Email :				Middle Managers			
			A Manual	S EmployeeManual Worker			
Nationality:			11	Retired			
				Unemployed			



Gender: Marital status:



STUDY INFORMATION

Unde	rgraduate \square		Graduate 🗆				
Field of study:							
Year:							
LANGUAGE SKILLS and QUALIFICATION							
Language	Qualification	Level	Score	Year			
English							
French							
Other:							



DOCUMENTS TO ENCLOSE TO YOUR FORM

Please carefully complete this form and send it wit ISUGA	th the rest of application documents to EMBA-
☐ Copy of your passport	
☐ Official academic transcript	
☐ Resume	
☐ English level certificate	
☐ 1 ID picture to paste on the form	
☐ Copy of your birth certificate (individual one and with	th filiation) and <u>its certified translation in French</u>
I, the undersigned, confirm the accuracy of the inf	ormation given in this form
Date:	Signature :