



International Exchange Student
Application Form

Personal Information

First Name :

Last Name :

Gender : Female Male

Date of Birth (DD/MM/YYYY) :

Place of Birth :

Nationality :

Current address :

Area Code :

City :

Telephone Number (including country code) :

ID PHOTO

Exchange Information

Type of Exchange : Erasmus International Academic year :

Duration of the exchange : A year Fall Semester Spring Semester

Sending institution :

Country :

If Erasmus, Erasmus code :

Your level in French (According to the Common European Framework of Reference for Languages) :

The Sending Institution

We hereby confirm that the student (name) _____ is accepted in your institution for the period of study mentioned above.

Responsible person's name, function, and signature

Date (DD/MM/YYYY) :

Stamp of the institution

The Receiving Institution

We hereby confirm that the student (name) _____ is accepted for an incoming mobility at ENSAB in the frame of its international partnerships.

Responsible person's name, function, and signature : Anne-Marie HAVARD, Head of Studies

Date (DD/MM/YYYY) :

Stamp of the institution

Please send this completed document by e-mail to Catherine DAVID,
International Relations Officer

catherine.david@rennes.archi.fr