

## STUDENT APPLICATION FORM

ACADEMIC YEAR: \_\_\_\_\_

Name:		Photo
Surname:		
Date of birth (dd.mm.yyyy):		
Sex - female <input type="checkbox"/> male <input type="checkbox"/> Nationality : _____		
Permanent address:	Street:	
	Postal code:	
	Town:	
	Country:	
Tel.:	E-mail:	
Language(s) knowledge sufficient to follow lectures: English <input type="checkbox"/> German <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> other: _____		

Sending institution:		
Address:		
Field of study:		
Title to be achieved:		
Current year of study:		
Sending institution departmental coordinator:		
Tel.:	Fax:	E-mail:
Sending institution institutional coordinator:		
Tel.:	Fax:	E-mail:

Receiving institution:	<b>ECOLE LA MACHE</b>	Erasmus code :	<b>FLYON47</b>
Address:	<b>69 boulevard Jean XXIII – 69373 LYON CEDEX 08 - FRANCE</b>		
Department:	<b>I S T L</b>		
Study :	<b>Business and Project Management in industry</b>		
Période of study:	Start : _____	End :	_____
Receiving institution Erasmus coordinator	<b>RUPCIC Tatiana</b>	E mail:	<b>tatiana.rupcic@lamache.org</b>
Tél : +33 4 72 78 52 38	Fax : +33 4 72 78 55 68		

Note: Transcript of records must be attached to this Application Form.

Signature of the student :	Signature of Erasmus representative
Date : _____	Date: _____

### RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is	
<input type="checkbox"/>	provisionally accepted at our institution
<input type="checkbox"/>	not accepted at our institution
Departmental coordinator's signature:	Institutional coordinator's signature :
Date : _____	Date: _____