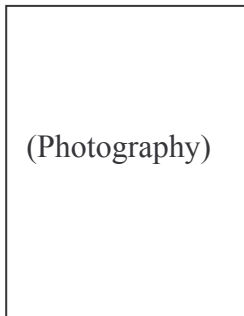


ECTS –EUROPEAN CREDIT TRANSFER SYSTEM

**STUDENT APPLICATION FORM**



**ACADEMIC YEAR 200../200..**  
**FIELD OF STUDY .....**

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

**SENDING INSTITUTION**

Name and full address :  
.....  
.....  
.....  
Departmental Coordinator – name, telephone and telefax numbers, e-mail :  
.....  
.....  
.....  
Institutional Coordinator – name, telephone and telefax numbers, e-mail :  
.....  
.....  
.....

**STUDENT’S PERSONAL DATA**

(to be completed by the student applying)

Family name : .....	First names : .....
Date of birth : .....	
Sex : .....	
Nationality : .....	
Place of birth : .....	
Current Address :	Permanent address (if different) :
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
Current address valid until .....	.....
Tel : .....	Tel : .....



**PREVIOUS AND CURRENT STUDY :**

Diploma/ degree for which you are currently studying :.....

Number of higher education study years prior to departure abroad :.....

Have you already been studying abroad ? yes  no

If yes , when ? at which institution ?

**The attached transcript of records includes full details of previous and current higher education study. They have to be signed by the institutional coordinator.**

Do you apply for a **mobility grant** to assist towards the additional costs of your study period abroad ? yes  no  ? for a **lodging assistance** : yes  no

**RECEIVING INSTITUTION : Cnam, France**

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

The above mentioned student is :

- accepted at our institution
- not accepted at our institution

Departmental coordinator's  
Signature

.....  
.....  
.....  
.....

Date :.....

Institutional coordinator's  
signature

.....  
.....  
.....  
.....

Date :.....

**ECTS –EUROPEAN CREDIT TRANSFER SYSTEM  
LEARNING AGREEMENT**

**ACADEMIC YEAR 200../200..**

**FIELD OF STUDY :**

- 1<sup>st</sup> semester  
 2<sup>nd</sup> semester  
 full academic year (check relevant box)

Name of student : .....  
 Sending institution : .....Country : .....

**DETAILS OF THE PROPOSED STUDY PROGRAM ABROAD/LEARNING AGREEMENT**

Receiving institution : .....Country : .....

Course unit code (see site <a href="http://www.cnam.fr">www.cnam.fr</a> or information documents)	Course unit title	Number of ECTS credits

If necessary, continue this list on a separate sheet.

Student signature : .....Date : .....

**SENDING INSTITUTION**

We confirm that this proposed program of study/learning agreement is approved.

Departmental Coordinator's signature ..... .....	Institutional Coordinator's signature ..... .....
Date : .....	Date: .....

**RECEIVING INSTITUTION**

We confirm that this proposed program of study/learning agreement is approved.

Departmental Coordinator's signature ..... .....	Institutional Coordinator's signature ..... .....
Date : .....	Date: .....

- *This application form must be fully signed and sent by regular mail to Cnam Socrates Coordinator, 292 rue Saint Martin, 75141 PARIS CEDEX 03, France. It will be returned within the 15 days of its reception.*