



ECTS - EUROPEAN CREDIT TRANSFER & ACCUMULATION SYSTEM

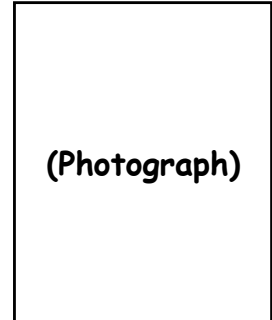
Academic year 20__/20__

Programme d'éducation et de formation tout au long de la vie

FIELD OF STUDY: AERONAUTICAL & AEROSPACE ENGINEERING

This application should be completed in BLACK in order to be easily copied, faxed or e-mailed

SENDING INSTITUTION:
Faculty Advisor:
International Coordinator:



STUDENT'S PERSONAL DATA

(to be completed by the student applying)

Family name:	First name (s):
Date of birth:	Permanent address (if different):
Sex: M/ F	
Nationality:	
Place of Birth:	
Current address:	Tel:
	Cell:
	Fax:
Current address is valid until:	E-mail:
Current Diplôme/Degree:	Number of higher education study years prior to departure abroad:

Year and Option chosen from the IPSA programme :

3rd year (Undergraduate)	1 st semester (end sept - end Jan) <input type="checkbox"/>	2 nd Semester (1 st feb - june) <input type="checkbox"/>
4th year (Postgraduate)	Option : SM <input type="checkbox"/> MS <input type="checkbox"/> EP <input type="checkbox"/> SET <input type="checkbox"/>	1 st semester <input type="checkbox"/> 2 nd semester <input type="checkbox"/>
5th year (Postgraduate)	Option : CSS <input type="checkbox"/> CSA <input type="checkbox"/> ASC <input type="checkbox"/> MLI <input type="checkbox"/>	1 st semester <input type="checkbox"/> stage <input type="checkbox"/>

Briefly state the reasons why you wish to study at IPSA? (In English or French)

WORK EXPERIENCE RELATED TO CURRENT STUDY

Type of work experience	Firm/organisation	Dates	Country

LANGUAGE COMPETENCE

Mother tongue:	Language of instruction at home institution:					
Other languages	I am currently studying this language		I have sufficient knowledge to follow lectures		I would have sufficient knowledge to follow lectures if I had some extra preparation	
	yes	no	yes	no	yes	no
ENGLISH						
FRENCH						
-						
-						

STUDENT'S DECLARATION:

I hereby declare that the information provided above is accurate and that, if accepted, I will abide by the rules and regulations of both my home and host institutions.

Students Signature:	Date :/...../.....
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COORDINATORS DECLARATION:

I certify that this student is of good academic standing and has an adequate command of the language of the host country. I recommend that this student be accepted.

Name and Position :	Date :/...../.....
Signature and Stamp :	

This form must be submitted to : Gabriella Torino, International coordinator
 Bureau International A06, IPSA, 7-9 Rue Maurice Grandcoing, Ivry-sur-Seine 94200, FRANCE
geyskens@ipsa.fr Tel: +33 1 56 20 62 78, Fax: +33 1 46 70 25 85

Deadline 1st of June for the Winter semester (September - February)
 1st of December for the Spring Semester (February-July)

Your application must be accompanied by the following documents:

TRANSCRIPT OF NOTES STUDENT LEARNING AGREEMENT PHOTOCOPY OF ID

Students Signature: Date:	Institutional coordinator's signature (sending institution): Date:
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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	provisionally accepted at our institution <input type="checkbox"/> not accepted at our institution <input type="checkbox"/>
Departmental coordinator's signature Date:	Institutional coordinator's signature Date:

