Application Form

How to use this form: This form must be opened with the free Adobe Acrobat Reader Software

1. Complete this form directly on your computer screen
2. Save the document and send it by email to the following address: sesstim-enseignement@univ-amu.fr

Program of application:	---- Select an entry from the list
Academic Year:	---- Select an entry from the list

Title:	Ms. ◯	Mr. ◯	
Surname at birth:			
Married surname, if any:			
First name:			
Date of birth (dd/mm/yyyy):			
Mailing address (no., street):			
City:		Postal/Zip code:	
Country of Residence:	-- Select a country from the list or enter the name if not liste		
Phone number:			
Primary email address:			

Educational background:

Academic degree (including High School degree)	Grade average	Year	Institution

	Speaking level	Reading level	Writing level
English Level according to the CEFRL *:	-- Select	-- Select	-- Select
French Level according to the CEFRL *:	-- Select	-- Select	-- Select

** Common European Framework of Reference for Languages*

Do you have a personal computer? OUI ○ NON ○

Do you have access to the Internet? No

Do you have a headset? OUI ○ NON ○

Estimated number of hours per week you can devote to study:

Other qualifications (professional achievements, internships, etc.):

If continuing education, please specify your current situation below:

Objectives pursued: