

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. <input type="radio"/>	Mr. <input type="radio"/>
Surname at birth:		
Married surname, if any:		
First name:		
Date of birth (dd/mm/yyyy):		
Mailing address (no., street):		
City:		Postal/Zip code: <input type="text"/>
Country of Residence:	-- Select a country from the list or enter the name if not listed	
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

Can the workstation (Mac or PC) and network you'll be using connect easily to Zoom?

OUI

NON

Is your workstation equipped (webcam and headset or equivalent) so that you can be seen and interact during lessons?

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: