**Erasmus+ or international students**

**coming to ECOLE LAMACHE-ISTL**

Application for the academic year : 20\_ \_ \_/20\_ \_ \_

**Introduction**

**ERASMUS+ incoming exchange students**

Students from all over Europe are welcome to study one or two semester at our Institute LA MACHE as part of the program in their home institutions. We are especially pleased to invite the students of Universities with which we cooperate under ERASMUS+ scheme.

However, even if your home University has not signed an ERASMUS+ agreement with us, yet you wish to do a period of studies at LA MACHE Institute, and your University accepts your choice, we are looking forward to hearing from you.

Tuition fees might be applied; in case of any questions please contact us at [tatiana.rupcic@lamache.org](mailto:tatiana.rupcic@lamache.org).

**Study abroad students**

Students from non EU countriesare welcome to study one semester at our Institute LA MACHE as part of the program in their home institutions.

Tuition fees are applied; in case of any questions please contact us at [tatiana.rupcic@lamache.org](mailto:tatiana.rupcic@lamache.org).

**How to apply**

Applications should be sent to the International office no later than 30th of June for the winter semester and 30th November for the spring semester. You should receive the confirmation by three weeks later. You need to complete our application form and Learning Agreement to download from our website:

1. Choose subjects from the lists described in our Web Site page: <http://www.ecolelamache.org/international/program.html> for your Learning Agreement. For all the subjects the minimum number of ECTS credits is 20, maximum 40 per one semester.
2. Send us the following documents **by post and by email**:

* Application Form (Printed and signed by your supervisor)
* Learning Agreement (Printed and signed by your supervisor)
* Transcript of records (issued by your University) copy by Email
* 1 passport-size photo
* Copy of your passport or ID
* Copy of EU health card
* Copy of civil liability insurance

Post Address: SUP’LAMACHE – CIEL

Madame Tatiana.RUPCIC

69 Boulevard Jean XXIII

69373 LYON Cedex 08

FRANCE

Email address: [tatiana.rupcic@lamache.org](mailto:tatiana.rupcic@lamache.org)

**ATTENTION:**

We will not accept applications after deadlines: 30th of June for the winter semester and 30th of November for the spring semester.

**STUDENT APPLICATION FORM  
*ACADEMIC YEAR: 20\_ \_ \_/20\_ \_ \_***

This application should be completed in BLOCK LETTERS so that it can be easily copied

|  |  |  |  |
| --- | --- | --- | --- |
| Name : | | | Photo |
| Surname : | | |
| Date of Birth (dd/mm/yyyy) : | | |
| Sex :  Female  Male | | Nationality : |
| Permanent adress : | Street : | |
| Postal code : | |
| Town : | |
| Country : | |
|  : | Résultat de recherche d'images pour "symbole email pour word" : | |
| Language(s) knowledge sufficient to follow lectures:  English | | | |

|  |  |  |
| --- | --- | --- |
| Sending institution: | | |
| Address: | | |
| Field of study: | | Title to be achieved: |
| Current year of study: | | First Semester  Second Semester |
| Sending institution departmental coordinator: | | |
|  : | Résultat de recherche d'images pour "symbole email pour word" : | |
| Sending institution institutional coordinator: | | |
|  : | Résultat de recherche d'images pour "symbole email pour word" : | |

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| --- | --- | --- | --- |
| Receiving institution: | **ECOLE LA MACHE** | | Erasmus code **: F LYON47** |
| Address: | **69 boulevard Jean XXIII – 69373 LYON CEDEX 08 - FRANCE** | | |
| Study : | **Business and Project Management in industry** | | Department : **I S T L** |
| Période of study: | Start : End : | | |
| Receiving institution Erasmus coordinator : | | **RUPCIC Tatiana** | |
|  : **+33 4 72 78 85 01** | Résultat de recherche d'images pour "symbole email pour word" : **tatiana.rupcic@lamache.org** | | |

|  |  |
| --- | --- |
| Signature of the student :  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature of Erasmus representative  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  not accepted at our institution | |
| Departmental coordinator's signature:  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Institutional coordinator's signature :  Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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