

REGISTRATION FORM

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To be filled in by the manager or a staff member within the institution

STUDENT DETAILS

Date of birth : _____
Last Name : _____ First Name : _____

INSTITUTION DETAILS

Name of institution : _____
Address : _____ n°: _____
Zip code /postcode : _____ City : _____ Country : _____
E-mail : _____
Phone : _____

ENROLLED FOR

Highschool Sixth form College/undergraduate Other
Academic year : _____ Field of study (major) : _____
Start date : _____ End date : _____
Will take part in tests and examinations Will have to submit a final paper
Fulltime student Student-at-large status

Courses to be attended :	# hours or credits	Courses to be attended :	# hours or credits

Date : _____
Name : _____
Position : _____
Signature : _____

Stamp of institution :