

ISARA-Lyon

23 rue Jean Baldassini
69364 Lyon cedex 07

International Relations Office:

Emilien PAX

☎ +33 (0)4 27 85 85 89

E-mail : epax@isara.fr

APPLICATION FORM EXCHANGE PROGRAMS

ACADEMIC YEAR : 2019/2020

This form must be completely typed, signed, scanned and sent by email

You are applying for:					
<input type="checkbox"/> Fall Semester (<i>Application deadline in May 15th</i>)					
<input type="checkbox"/> Spring Semester (<i>Application deadlines in October 15th</i>)					
<input type="checkbox"/> Whole year (<i>Application deadlines between April 15th and May 15th</i>)					
Arrival date at ISARA:		Departure date from ISARA:			
Type of Exchange Programme					
ERASMUS + <input type="checkbox"/>		Bilateral institutional exchange <input type="checkbox"/>		Other <input type="checkbox"/> (please specify):	
Last name:			Date of birth (D, M, Y):		
			Place of birth (City and country):		
First name (s):			Gender:		Female <input type="checkbox"/> Male <input type="checkbox"/>
Nationality:			Mother tongue:		
Permanent address:					
Street & number:					
City:		Zip code:		Country:	
Tel:		Personal e-mail:			
Person and telephone number in home country to contact in case of emergency:					
Name:		Tel:		E-Mail:	
Home University:					
Complete address (Street, number, zip code, city, country):					
Name of the exchange program coordinator of your university:					
Telephone number:			E-Mail:		
Knowledge of languages according to the Common European Framework of References					
French:					
Understanding	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Speaking	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Writing	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
English:					
Understanding	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Speaking	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Writing	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Others: Please specify					
Understanding	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Speaking	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Writing	C2 <input type="checkbox"/>	C1 <input type="checkbox"/>	B2 <input type="checkbox"/>	B1 <input type="checkbox"/>	A2 <input type="checkbox"/>
Please add to this application form a copy of all your official tests					

LEARNING AGREEMENT

*Please consult the International Student Guide on our [website](#)
Admission will not be granted unless this section is fully completed and signed*

Student's name:	
Home institution:	
Country:	Specialization of study chosen: CHOOSE
Number of ECTS credits to be obtained at ISARA-Lyon:	
Current level of studies: Bachelor 1 st year <input type="checkbox"/> 2 nd year <input type="checkbox"/> 3 rd year <input type="checkbox"/> 4 th year <input type="checkbox"/> Master 1 <input type="checkbox"/> Master 2 <input type="checkbox"/> <i>Tick the equivalence if you are enrolled on an engineering degree curriculum</i>	Diploma/degree expected: Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Engineer <input type="checkbox"/> Date :

INTENDED STUDY PROGRAM

COURSE UNIT		DURATION		NUMBER OF CREDITS
Code (indicated on ECTS Guide)	Title	Start	End	
TOTAL				

Further remarks on the study plan

I agree to take all exams related to the course	Student's signature:	Date:		
I hereby approve the above plan of study/learning agreement:	Home Institution - Coordinator's signature: Name, signature and stamp of the institution	Date:		
I hereby approve the above plan of study/learning agreement:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> Host Institution International Relations: </td> <td style="width: 50%; border: none;"> Education Department: Head of a specialization or year </td> </tr> </table>	Host Institution International Relations:	Education Department: Head of a specialization or year	Date:
Host Institution International Relations:	Education Department: Head of a specialization or year			

LETTER OF INTEREST

To be written in French if you plan to attend most of your scientific classes in French.

To be written in English if you plan to attend most of your scientific classes in English.

Please indicate in this letter:

- | |
|---|
| - <i>The reasons for applying to ISARA-Lyon,</i> |
| - <i>The reasons for applying for a particular specialization of study,</i> |
| - <i>If you want to do an internship, indicate the type of structure and internship you are looking for, why, and your experience in this or a related field.</i> |

- What qualities, know-how and life skills do you think you can bring to ISARA-Lyon?

ACCOMODATION FORM

Accommodation will be allocated on a first come first serve basis and according to ISARA's possibility.

Remember that once ISARA-Lyon confirms allocation of the housing you requested, you are committed for the whole period of your stay. Please refer to the International Student Guide on our [website](#) for detailed information.

Last name:			
First name:			
Person to contact in case of emergency:	Name:	Telephone:	
		E-mail:	
Period:	Fall semester: August / September to December <input type="checkbox"/>		
	Spring semester: January to June / July <input type="checkbox"/>		

Please rank accommodation options according to your preference: 1 = favourite – 9 = least favourite

For more details on the different choices (price, location...), please check the Course Guide for International Students on our [website](#).

ISARA-Lyon can book a room or studio for you in a Public Crous Residence							I prefer to look for my own place to live	
ALLIX Room	DELESSERT Room	MADELEINE Room	Les QUAIS Studio	Les GIRONDINS Studio	André LIRONDELLE Room	Les GIRONDINS room in a shared flat	Private Residence	Flat to share

I agree to pay all rent, deposit, administrative, reservation and insurance fees requested.

I also agree to fully comply with all regulations concerning accommodation.

Signature and date:

CERTIFICATE OF LEVEL OF FRENCH LANGUAGE

To attend scientific courses in French, a B1 Level –according to the Common European Framework of Reference for Languages–, is required.

It is necessary to have a sufficient level in this language to be comfortable in understanding the classes, but also to work with your classmates, express your ideas...

I, the undersigned,

Name:

Surname:

Acknowledge that most of the courses and work groups I will attend at ISARA-Lyon are in French language.

I declare myself having reached a sufficient level (minimum B1) in French so as to follow lectures, take examinations, and work in groups in scientific courses or field trips organized by ISARA-Lyon.

ISARA-Lyon reserves the right to require me to attend extra French courses (at my expenses).

If I fail to comply with these regulations, ISARA-Lyon is required to inform my home university and I may subsequently not obtain all the credits I enrolled for.

Date: _____

Signature: _____

If you have French language test, please add it to your application form.

CERTIFICATE OF LEVEL OF ENGLISH LANGUAGE

To attend scientific courses in English, a B1 Level –according to the Common European Framework of Reference for Languages–, is required.

It is necessary to have a sufficient level in this language to be comfortable in understanding the classes, but also to work with your classmates, express your ideas...

I, the undersigned,

Name:

Surname:

Acknowledge that most of the courses and work groups I will attend at ISARA-Lyon are in English language.

I declare myself having reached a sufficient level (minimum B1) in English so as to follow lectures, take examinations, and work in groups in scientific courses or field trips organized by ISARA-Lyon.

ISARA-Lyon reserves the right to require me to attend extra English courses (at my expenses).

If I fail to comply with these regulations, ISARA-Lyon is required to inform my home university and I may subsequently not obtain all the credits I enrolled for.

Date: _____

Signature: _____

If you have English language test, please add it to your application form.

CERTIFICATE OF PERSONAL COMMITMENT

Class information:

At ISARA-Lyon, courses take place from Monday to Friday. There are about 30 to 36 hours of mandatory classes a week.

There are generally a maximum of 4 hours in the morning and 4 hours in the afternoon:
8 am till 6 pm.

Courses can be lectures or practical seminars (small groups). Class time may also include, as it is currently the case, field work and personal research projects.

****Once registered on a course, you must attend all classes** /**

I, the undersigned,

Name:

Surname:

Acknowledge that all courses and outings are mandatory, and should be attended at the right time and on the right date.

Failing to do so, I agree to notify my teachers and the administrative staff beforehand and to provide valid justification for any missed lesson or outing.

I declare myself entirely responsible for any activities performed outside the ISARA-Lyon timetable.

If I fail to comply with these regulations, ISARA-Lyon is required to inform my home university and I may subsequently not obtain all the credits I enrolled for.

Date: _____

Signature: _____

INSURANCE COVERAGE

Please refer to the International Student Guide on our [website](#) for detailed information on insurance.

Please tick one of the three options below:

*** I attest that I will subscribe to an insurance policy once I am in Lyon**

Date and signature:

*** If I already have my own insurance policy valid for an academic semester in France for the forthcoming year, I attest that this insurance is covering my:**

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| - Medical costs & hospitalisation | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| - Civil liability | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| - Repatriation | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| - Work accidents | yes <input type="checkbox"/> | no <input type="checkbox"/> |
| - Other: | | |

I **attach** to my application a copy of the contract which is valid for the whole period that I shall spend in France.

Date and signature:

***Being an EU student, I attest that I have a European Health Insurance Card valid during the period of my studies in France. Note that you will be covered for the same risks than you are in your home country therefore; you have to check that your insurance is covering all the items above.**

*EU students **must** attach a copy of the **European Health Insurance Card** with the appropriate expiry date.

Date and signature:

To be signed once in Lyon:

I the undersigned, _____ (name and surname)
attest that I have received all necessary information about complementary insurance requirements and I am personally responsible for subscribing to any policy recommended by ISARA-Lyon.

Date and signature:

CHECK LIST

Your application is complete once you have filled out this application form and added all required documents. Please check:

- First page application information
- Learning agreement
- Letter of interest (in French if most of the courses you will attend are taught in French)
- Accommodation form
- Certificate of level of French language + official test
- Certificate of level of English language + official test
- Certificate of personal commitment
- Insurance coverage

Additional documents required:

- A copy of your passport
- A copy of your birth certificate translated into French cf. *International Student Guide 2019-2020*)
- A copy of your European Health Care Card / or proof of Insurance
- Your curriculum vitae (in French if most of the courses you will attend are in French)
- A copy of your Bachelor Diploma
- Grades of the last 3 years
- A recent scanned passport picture in .jpeg format

I attest that all the documents are valid.

Date and Signature