



APPLICATION FORM

CEI – Centre d'Echanges



A smiling
picture, please!
Thanks!

Programme International Residence 2012

Paris

Montpellier

2 weeks

01/07 – 15/07

15/07 – 29/07

29/07 – 12/08

12/08 – 26/08

3 weeks

01/07 – 22/07

22/07 – 12/08

Name :

First name :

Sex: F M

Nationality:

Date of birth:

Address:

City:

Postal code:

Country:

Telephone:

Telephone (work):

Fax:

e-mail:

Current school (nom & address):

Parents' name for minors:

Numbers of years of French:

Interests/Hobbies:

Diet/ Allergies:

Any special recommendation:

- Compulsory authorization:

I allow the persons in charge of the CEI to consult a doctor when they judge it is necessary and to have a surgical procedure done in case of an emergency. I understand I will pay for the expenses.



Date and signature of student and parents