

APPLICATION FORM 2023/2024

International Students

Exchange ProgrammeInternational Business

La Salle EMCI

10, rue Franklin F - 4200 Saint-Etienne Phone : +33 4 77 43 54 30

Photo	

Email: <u>f.gallegohiss@lasalle42.fr</u>		: W	Web: www.lasalle-emci.com			
PERSONAL INFORMA						
Last Name (family name)		Fi	First Name			
Address						
City	Province	Province/State		Country	Postcode / Zipcode	
Telephone E-mail Address				Gender		
					☐ Male ☐ Female	
Date of Birth			Country of Birth	Nationality		
Name of Emergency Contact Relationship to Ap		ationship to Applic	ant	Telephone	E-mail Address	
Native Language					ı	

PERIOD

- o Fall Semester 2023
- o Spring Semester 2024 (option)

EDUCATION INFORMATION				
Current programme :				
Name of University/Institution:	Cour	ntry :		
realite of offiversity, institution .		шу.		
From Month/Year:				
To Month/Year:				
Year Completed	Lang	uage of Instruction		
INTERNSHIPS				
Name of company, country	Task	.s		
		-		
FRENCH LANGUAGE PROFICIENCY (if not the nativ	e land	ulage)		
Full institution name	rc rarig	Address		
		Date		
Name of Test				
		Score		
If you haven't taken any English proficiency exams, please provide a proof of your level according to the European assessment grid from your language teacher:				he European
□ A1 □ A2 □ B1		□ B2	□ C1	□ C2
ENGLISH LANGUAGE PROFICIENCY (if not the native language)				
Full institution name		Address		

		T D-10				
Name of Test		Date	Date			
	Score					
If you haven't taken any English proficiency exams, please provide a proof of your level according to the European assessment grid from your language teacher:						
□ A1 □ A2	□ B1	□ ва	2	□ C1	□ C2	
	Poor	Average	Good	Very good	Excellent	
Analysis and reflection capacity						
Involvement in company (internship)						
Proficiency in English						
Proficiency in second foreign language						
Motivation for international trade						
Motivation for further studies						
REFERENCES OF THE HEAD OF STUDIES On the applicant's abilities to carry out further studies:						
☐ Very favorable ☐ Favorable ☐ Unfavorable Comments :						
Date :	Pate:					
			OUI	NO	N	
FREEDOM OF INFORMATION - The information contain registration process is collected for the purpose of mak for communicating additional information about colleg applicants and students. If you have any questions abo Saint-Louis, 10, rue Franklin, 42028 Saint-Etienne Cede: DECLARATION (Application will be returned if not sign have given on this form is true, complete and accurate aware that intentionally or negligently giving false informations procedure or — if discovered at a later date information. I agree that HECI Saint-Louis may verify the	king admission and ge-wide activities a put the collection a ex 1, France. Phone ned below) – I conto I have enclosed the transion constitutes – to the cancellati	d registration deci and for enabling o and/or use of this e: +33 4 77 43 54 (afirm that to the b the required docu es an administratition of my admission	cisions, for informother HECI Saint-Is information, ple 01. Fax: +33 4 7 cost of my knowle uments (certificative offence and nion. I confirm tha	ning students of reg Louis departments ease contact Sandri 7 32 53 14 ledge and belief all tes, supporting doc may lead to exclusion at I have read the ac	gistration matters, to contact ne PINET, HECI the information I tuments, etc). I am on from the dmissions	

For further information, please contact : Florence GALLEGO HISS, f.gallegohiss@lasalle42.fr
La Salle EMCI - 10 rue Franklin - F- 42000 Saint-Etienne - Phone: +33 4 77 43 54 30 - Fax : +33 4 77 32 53 14

SIGNATURE				
Date:				
Signature :	OUI	NON		
ATTACHED DOO	CUMENTS			
\Box Transcripts of 1st years of Undergraduate program \Box Copy of Health Insurance				
☐ Copy of ID C	Card or passport		☐ 2 photos	
☐ Letter of application and CV				
☐ English Language Test				