



HECI réseau La Salle

10, rue Franklin
 F - 4028 Saint-Etienne Cedex 1
 Phone : +33 4 77 43 54 30

A P P L I C A T I O N F O R M 1 8 / 1 9

International Students
 Exchange Programme
 Import-Export Zone Manager
 International Development Manager

Photo

Email: international@heci-international.com	Web : www.heci-international.com
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PERSONAL INFORMATION			
Last Name (family name)		First Name	
Address			
City	Province/State	Country	Postcode / Zipcode
Telephone	Fax	E-mail Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth <i>day month year</i>		Country of Birth	Nationality
Name of Emergency Contact	Relationship to Applicant	Telephone	E-mail Address
Native Language			

PERIOD CHOSEN
<input type="radio"/> Autumn Semester <input type="radio"/> Spring semester (internship)

EDUCATION INFORMATION	
Current programme :	
Name of University, College or Technical School :	Country :
From Month/Year: To Month/Year:	Credential Awarded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree Program: Major:
Grade/Year Completed Grade: Year:	Language of Instruction

Name of most recent secondary school attended	Country	From Month/Year: To Month/Year:
Grade/Year Completed Grade: Year:		Language of Instruction

INTERNSHIPS	
Name of company, country	Tasks

FRENCH LANGUAGE PROFICIENCY (if not the native language)	
Full institution name	Address
Name of Test Taken	Date Written: (Month, Year)
	Score
If you haven't taken any French proficiency exams, please indicate your level according to the European assessment grid :	
<input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2	

FREEDOM OF INFORMATION - The information contained on this form and other documents and materials used to support the admission and registration process is collected for the purpose of making admission and registration decisions, for informing students of registration matters, for communicating additional information about college-wide activities and for enabling other HECI Saint-Louis departments to contact applicants and students. If you have any questions about the collection and/or use of this information, please contact Sandrine PINET, HECI Saint-Louis, 10, rue Franklin, 42028 Saint-Etienne Cedex 1, France. Phone: +33 4 77 43 54 01. Fax : +33 4 77 32 53 14

DECLARATION (Application will be returned if not signed below) – I confirm that to the best of my knowledge and belief all the information I have given on this form is true, complete and accurate. I have enclosed the required documents (certificates, supporting documents, etc). I am aware that intentionally or negligently giving false information constitutes an administrative offence and may lead to exclusion from the admissions procedure or – if discovered at a later date – to the cancellation of my admission. I confirm that I have read the admissions information. I agree that HECI Saint-Louis may verify the information provided by contacting any secondary or post-secondary institutions.

For further information, please contact : Florence GALLEGO HISS, f.gallego-hiss@heci-international.com
HECI réseau La Salle - 10 rue Franklin - F- 42028 Saint-Etienne Cedex 1- Phone: +33 4 77 43 54 30 - Fax : +33 4 77 32 53 14

SIGNATURE

I agree with the Above Declaration

Date:

Signature :

ACCOMPANYING DOCUMENTS

Please enclose supporting documents:

Transcripts of secondary / high school education and grades

Copy of Health Insurance

Copy of ID Card or passport

2 passport photos

letter of application and CV