



EXCHANGE STUDENT APPLICATION FORM ACADEMIC YEAR 2024/2025

FIELD OF STUDY: MEDICINE

PHOTO

SENDING INSTITUTION

Name:

Erasmus ID code:

Address:

Institutional Coordinator - Name, telephone, email:

Departmental Coordinator - Name, telephone, email:

STUDENT'S PERSONAL DATA

Family name:

First name:

Date of birth:

Sex:

Nationality:

Place of birth:

Current address:

Permanent address (if different):

Current address is valid until:

Tel:

Tel:

Email:

Please return the filled-in form together with the other requested documents by regular mail directly to the faculty of your choice: **LYON EST** or **LYON SUD** (see postal address on the website:

<https://www.univ-lyon1.fr/etudiant-international/application-form-erasmus-661367.kjsp?RH=1406653605910&RH=1406653605910&LANGUAGE=0#.XKyyovLiUk>)



LANGUAGE:

FRENCH ☐ A1 ☐ A2 ☐ B1 ☐ B2 ☐ C1 ☐ C2

The level B2 is required (please enclose a certificate)

MOBILITY PERIOD AT CLAUDE BERNARD LYON 1 UNIVERSITY

FACULTY OF ☐ Lyon-Sud ☐ Lyon-Est

Period of study: from to

Duration (in months):

Number of expected ECTS credits:

PREVIOUS AND CURRENT STUDY

Year of enrolment at University:

Diploma / degree you are currently studying for:

Study level: ☐ Bachelor (1st) ☐ Master (2nd) ☐ Doctoral studies (3rd)

Have you already been studying abroad? ☐ Yes ☐ No

If yes, when? At which institution?

RECEIVING INSTITUTION

We hereby acknowledge receipt of the requested documents.

The above-mentioned student is:

☐ Provisionally accepted

☐ Not accepted at our institution

Departmental coordinator's signature

Date