



IPSA SUMMER SCHOOL

YEAR 2020

If filled by hand, this form should be completed in black and capital letters.

STUDENT PERSONAL DATA (to be completed by the applying student)

Family name	
First name(s)	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Date of birth (DD/MM/YYYY)	
Place of Birth	
Nationality	
Address	
Phone number (with area code)	
E-mail address	
Current degree followed	
Number of higher education study years	
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate your disability	

CHOICE OF THE PROGRAMME

<input type="checkbox"/> Imagine, Develop and Fly	<input type="checkbox"/> Explore the stars and our sky
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STUDENT'S DECLARATION

I hereby declare that the information provided above is accurate and that, if accepted, I will abide by the rules and regulations of IPSA.

Student' signature:

Date:

...../...../.....

This form must be submitted to international@ipsa.fr

Deadline application: **May 15th 2020**

Your application must be accompanied by the following documents:

- Previous and current transcripts of records in English
- Photocopy of a valid passport or I.D
- A €60 immediate payment¹ for application expenses, by bank transfer

¹ **IPSA BANK DATA**

Bank : **BNP PARIBAS**

Account holder : **INSTITUT POLYTECHIQUE DES SCIENCES AVANCÉES**

Swift code (or BIC Code) : **BNPAFRPPXXX**

IBAN : **FR76 3000 4025 1100 0113 9063 168**

Reference : **Free Mover/ insert Student name**