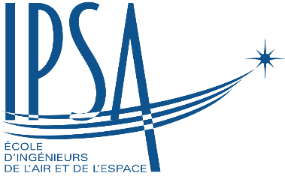
Une image contenant texte, signe, carte de visite, graphiques vectoriels

Description générée automatiquement

IPSA-EPITA SUMMER SCHOOL

YEAR 2021

*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 | Female  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 | Yes  No |
| If yes, please indicate your disability |  |

|  |  |
| --- | --- |
| CHOICE OF PROGRAM FORMAT | |
| ONLINE | ONSITE |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| LANGUAGES COMPETENCES | | | | | |
| Mother tongue: | | | | | |
| Other languages | (Estimated) Level | You are currently studying this language | | You have sufficient knowledge to follow lectures | |
| Yes | No | Yes | No |
| English |  |  |  |  |  |
| French |  |  |  |  |  |
| Other: |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| PREVIOUS HIGHER EDUCATION | | | |
| Year | University | Field of Study | Diploma / Degree Obtained |
|  |  |  |  |

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| --- |
| BRIEFLY STATE THE REASONS WHY YOU WISH TO FOLLOW THIS SUMMER PROGRAM |
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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 and EPITA. | |
| Student’ signature: | Date:  ……………….……../…………………………/………………………….. |

This form must be submitted to

[**international@ipsa.fr**](mailto:international@ipsa.fr) **and summer@epita.fr**

Deadline application: **May 31, 2021**

Your application must be accompanied by the following documents:

* Previous and current transcripts of records in English
* Photocopy of a valid passport or ID
* Proof of English proficiency