**BEAUX-ARTS DE PARIS**

# EXCHANGE STUDENT APPLICATION FORM 2021-2022

**(Please answer all questions, sign and send to international@beauxartsparis.fr)**

| IMPORTANT |
|:---:|
| Please attach photo |

**YOUR CONTACT DETAILS:**

**GENDER** ☐ MALE ☐ FEMALE ☐ UNDEFINED

**FAMILY NAME:**

**FIRST NAME:**

**DATE OF BIRTH:**

**NATIONALITY:**

**HOME ADDRESS:**

**PHONE NUMBER:**

**E-MAIL:**

**PARENTS' PHONE AND E-MAIL:**

**YOUR HOME SCHOOL CONTACT:**

**NAME OF YOUR HOME SCHOOL:**

**NAME OF YOUR ACADEMIC ADVISOR:**

**NAME OF YOUR EXCHANGE COORDINATOR:**

**E-MAIL OF YOUR EXCHANGE COORDINATOR:**

**ACADEMIC INFORMATION:**

**NUMBER OF YEARS OF FINE ARTS STUDY:**

**MAJOR:** ☐ PAINTING ☐ SCULPTURE ☐ MULTIMEDIA ☐ OTHER

**FRENCH PROFICIENCY:** ☐ FLUENTLY ☐ FAIRLY WELL ☐ SLIGHTLY

**PERIOD OF STUDY AT BEAUX-ARTS:**

☐ FIRST SEMESTER (FALL)          ☐ SECOND SEMESTER (SPRING)

**NAME OF THE REQUESTED ARTISTIC STUDIO PROFESSOR TO BE CHOOSEN AMONG THE LIST OF PROFESSORS\* (up to 3):**

\*please note that studies at BEAUX-ARTS revolve round the notion of the studio, - a space where students execute their practical work under the auspices of an established artist, **visiting students are required to join a studio**. Requests will be considered but are not guaranteed.

**HEALTH INSURANCE INFORMATION:**

**NAME OF INSURANCE PROVIDER:**

**POLICY / IDENTIFICATION NUMBER:**

**IMPORTANT NOTE:** All students are required to be covered by a health insurance policy from a private insurer or a national insurance scheme. Insurance must cover, at a minimum, medical costs, hospitalization, surgery and repatriation, subject only to customary deductibles and co-payment provisions. You must send a copy of an attestation from your insurer (in English or French) confirming your coverage.
Students who do not have adequate coverage will need to subscribe to a policy from a French insurer, covering any items not already covered by the home country policy. **Students who do not provide an attestation of insurance will not receive their student cards.**

**DATE:**

**STUDENT'S SIGNATURE:**

**HOME INSTITUTION COORDINATOR'S SIGNATURE AND STAMP:**