



**EXCHANGE STUDENT APPLICATION FORM
2020-2021**
(Please answer all questions)

IMPORTANT
Please attach
photo

YOUR CONTACT DETAILS:

GENDER MALE FEMALE

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 CHOSEN AMONG THE LIST OF PROFESSORS*:

*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: