**APPLICATION FORM – LYON 1**

**INCOMING EXCHANGE STUDENTS OUTSIDE EUROPE 2024-2025**

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| Personal information & contact details |
| Last name : |
| First name : |
| Date of Birth : |
| Place of Birth : |
| Gender : Male  Female |
| Nationality : |
| E-mail : |
| Phone : |
| Permanent home address : |
| Date of registration in higher education : |

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| Ongoing studies in 2023-2024 (at your home institution) |
| Name of your home institution : |
| Country : |
| Field of study in 2023-24 : |
| Name of Faculty in 2023-24 : |
| Level of study in 2023-24 : |
| Average current grade in 2023-24 : |

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| Studies in 2024-2025 (at your home institution during your mobility at Lyon 1) |
| Field of study in 2024-25 : |
| Name of the Faculty in 2024-25 : |
| Level of study in 2024-25 : |

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| Study planned in 2024-2025 ( in Lyon 1 during your mobility) |
| Study period (S1, S2, or academic year) :  1st semester S1 (Fall)  2nd semester S2 (Spring)  Academic year |
| Level of study in 2024-25 : L3  M1  M2  Other |
| Field of study ([Offre de formation - Lyon 1](https://www.univ-lyon1.fr/formation/offre-de-formation)) |
| Faculty at Lyon 1 during your mobilty : Choose your Faculty |

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| Provisional study plan for the courses you wish to take at Lyon 1 |
| * View the current list of courses and select courses from the same faculty :   [Offre de formation - Lyon 1](https://www.univ-lyon1.fr/formation/offre-de-formation)   * For the construction of your study plan, you can contact the International Relations Office of the Faculty concerned :   [Bureaux Relations Internationales - Lyon 1](https://www.univ-lyon1.fr/universite/international/bureaux-relations-internationales#.Ymewo-3P2Uk)   * You can discuss this study plan by indicating your choices below, and before sending the final file. (*see page 3*) |

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| --- | --- | --- | --- | --- |
| List of courses you wish to take at Lyon1 | | | | |
| Faculty | **Course code\*** | **Course title** | **Period1** | **Course description** |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period . |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period . |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period. |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |

*\* You can find the course codes in the training offer by degree*.

**For your application form, please contact the International Relations Office of your faculty at Lyon 1 in order to discuss your study plan.**

**To submit your final file, please attached in one PDF :**

1. This **signed application form** (*page 3*)
2. The **list of courses you would have taken in your home institution in 2024-25** during your mobility at Lyon 1
3. The **list of courses you wish to take at Lyon 1** approved by the competent authority

*(example in appendix 1)*

1. Your **official transcripts since you have been enrolled in higher education**

*(current year included)*

1. **A certificate of knowledge of the French language** *(B2 level minimum)*
2. A **CV** (one page maximum) and a **cover letter**.
3. A copy of the **identity page of your passport**.

If you are in health studies, other documents may be requested by the International Relations Office.

For medical studies, a specific application form is available on the website of the Faculties of Medicine in the "International" section : [Médecine yon Est](https://lyon-est.univ-lyon1.fr/venir-a-lyon-est) or [Médecine Lyon Sud](https://lyon-sud.univ-lyon1.fr/international/venir-etudier-a-lyon-sud)

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| CONTACT AT YOUR HOME INSTITUTION |
| Last name and first name : |
| Function : |
| Mail : |
| Phone : |

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| --- |
| EMERGENCY CONTACT |
| Last name and first name : |
| Relationship to you : |
| Mail : |
| Phone : |

I, the undersigned :

* Wish to participate in an exchange with Lyon 1, co-organized with my home university, which requires the transfer of my personal information between the two universities : the documents included in this application form, the transcripts obtained following this exchange, etc.
* Authorise Lyon1 to disclose to the competent authorities, should the need arise, information required to facilitate my entry into and stay in France, according to the rules in effect in the universities.
* Commit to abiding by the reglementation in effect at Lyon1.
* Declare the information provided above to be complete and true.

**Signature : Date :**

**Appendix 1 : Validation model for the list of courses you wish to take at Lyon 1**

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| --- | --- | --- | --- | --- | --- |
| List of courses you wish to take at Lyon1 | | | | | |
| Faculty | **Course code** | **Course title\*** | **Period\*\*** | **Course description** |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period . |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period . |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period. |  |
| Choose your Faculty | Example : INF1012L |  | Choose a period |  |
| Period\*:  S1 = fall (from late August/early September to December/January),  S2 = spring (from in January to June)  Academic year (from late August/early September to June) | | | | | |

**Academic tutor at your home institution**

I, the undersigned Mr/Mrs :

Head of the department of :

In which the student :

Enrolled in 2023-24 in :

Have validated the proposed study plan as indicated above :

Done at : Date :

Signature : Stamp :