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# INCOMING STUDENT APPLICATION FORM

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COURSE OF STUDY      ART  DESIGN

GRADE LEVEL              BACHELOR     MASTER               YEAR OF STUDY :

FRENCH LEVEL      A1               A2               B1               B2

AUTUMNSEMESTER                    SEPTEMBER - JANUARY

SPRINGSEMESTER                    JANUARY - JUNE

ARRIVAL DATE :              DEPARTURE DATE :

FAMILY NAME :              DATE OF BIRTH :

FIRST NAME :              PLACE OF BIRTH :

GENDER    F     M               NATIONALITY :

E-MAIL ADDRESS :              PASSPORT NUMBER :

ADDRESS :              PHONE NUMBER :

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SENDING INSTITUTION      NAME :

   ADDRESS :

   ERASMUS CODE :

   EXCHANGE COORDINATOR NAME :

   E-MAIL ADDRESS :

   PHONE NUMBER :

   DEGREE PROGRAM :

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CONTACT              INTERNATIONAL EXCHANGE COORDINATOR  
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**N.B : THE APPLICATION FORM MUST BE SENT BY E-MAIL WITH 1 ID PHOTOGRAPHS.**