



APPLICATION FORM FOR ERASMUS STUDENT

Personal data

Last name:			First name			
Date of birth (day/month/year) Gender Male Female				Nationality		
Mailing address : Street :house, apartment number				Country		
Email :				Phone number :		
Study in your cour	ntry					
Home university (name / country)				Erasmus code (ask your international office)		
Name of your Erasmus coordinator				Tél:		
				Email:		
Year of graduation :				Obtained diploma (educator, assistant in social work Are you now in the () 1st year () 2nd year () /3 year of your studies		
French language	required at IRTS : I	B1 a	ınd	d C1 if work place	ement	
Listening	Reading	Reading		Speaking Writing		
A1 □ A2 □ B1 □ B2 □C1 □C2	A1		A1		A1	
Your studies at IR	TS					
Required period From to		How many ECTS to validate :				
Do you have to carry out a work placement ? Yes □ no □			If yes : in which kind of establishment : Which people do you want to work with ?			
For accommodation		See : information sheet of I.R.T.S. and below				
Do your have the driving licence		do you plan to come by car ?				
To be completed and s	end to contact.internation	ı nal@i	irtsı	nouvelleaquitaine.fr (dea	ad line the 30 of may fo	
automn semester / 30 of	November for spring sen	neste	er)	Join at this application for	orm : a CV, a covering lette	
a photo.						
Student:				Erasmus cod	ordinator home university	

Date and signature

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