

**EXCHANGE STUDENT APPLICATION FORM**  
**ACADEMIC YEAR : 2017 / 2018**

Please stick  
your Photo  
here  
scanned  
accepted

*This application should be duly completed by computer, then it has to be signed  
Please scan and return it by e-mail with the other forms **before May 15<sup>th</sup> 2017***

**You are a citizen from EU :**

Please, enclose a copy of your European Health Insurance card

**You are not a citizen from EU countries :**

- Before coming, you need to get a long stay visa D with the mention "Etudiant"
- French Health Insurance is compulsory: (it was costing 215 € in 2016/2017)

**EXCHANGE PERIOD:** 1<sup>st</sup> semester  2<sup>nd</sup> semester  whole year

**Duration of stay (in months):** .....

**Date of arrival:** ..... **Date of departure:** .....

**FIELD OF STUDY:** .....

**LEVEL in 2017/2018:**

L= Licence M= Master S= Semester

L1    L2    L3    M1    M2  
*Equivalent: S1-S2   S3-S4   S5-S6   S7-S8   S9-S10*

**SENDING INSTITUTION:**

**Name of your home university:** .....

**Address:** .....

**City:** ..... **Country:** .....

**Faculty (Department) of:** .....

**Institutional coordinator (University Central Services): Name:** .....

**Telephone:+** ..... **E-mail address:** .....

**Departmental coordinator (Faculty Teacher): Name:** .....

**Telephone:+** ..... **E-mail address:** .....

**STUDENT'S PERSONAL DATA:**

**Family name:** ..... **First name:** ..... **Gender:** .....

**Date of birth:** ..... **Place of birth:** ..... **Nationality:** .....

**Full address for all correspondence:** .....

.....

**Telephone:+** ..... **E-mail address:** .....

**CURRENT STUDY:**

**Diploma/degree for which you are currently studying:** .....

**Number of higher education study years, prior to departure abroad:** .....

**Briefly state the reasons why you wish to study abroad:** .....

.....

.....

**Sending Institution:**

**Departmental coordinator's signature (Faculty Teacher):**

**Date:**

**Stamp:**

**Student's signature:**

**Date:**

## ACCOMODATION FORM for exchange students

This form must be completed and returned **before May 15<sup>th</sup> 2017** by e-mail to [international@uha.fr](mailto:international@uha.fr)

*If we don't receive this form, we cannot guarantee accommodation.  
If this form is not correctly completed, your request will not be considered.*

The students coming to the Université de Haute Alsace can either look for accommodation through the Accommodation Office of the UHA, or do it by themselves.

### YOUR CHOICE:

I wish to apply for your housing service:

I would like to book this accommodation from ..... 2017, to ..... 2017 (day, month)

<http://www.crous-strasbourg.fr/logements/trouvez-votre-residence/>

Be CAREFUL , CITE U is closed and Katia et Maurice Kraft residences are only for CampusFrance Students.

Or

I do not require your assistance, and I will make my own arrangement:

[http://www.lokaviz.fr/rechercher-un-logement/liste-deslogements/page:2?bHome=1&comm=mulhouse&commune\\_id=&pres\\_de=Universite+de+Haute+Alsace&nbkm=3&departement\\_id=2&region\\_id=1](http://www.lokaviz.fr/rechercher-un-logement/liste-deslogements/page:2?bHome=1&comm=mulhouse&commune_id=&pres_de=Universite+de+Haute+Alsace&nbkm=3&departement_id=2&region_id=1)

First Name: ..... Family Name: .....

Nationality: ..... Male/Female: ..... Date of birth: .....

Home address: .....

.....

Home phone: + ..... Mobile phone: + .....

E-mail address: .....

Sending university: .....