UNIVERSITE CLERMONT AUVERGNE
INFORMATION FORM TO BE COMPLETED

1. Personal Information

Last Name: _____

First Name 1: _____

First Name 2: _____

First Name 3: _____

Date of Birth: ___ / ___ / ____

Address in France:

_____

_____

French Phone Number: _____

E-mail: _____

Nationality: _____

Marital Status: Single / Married / In a relationship / With child(ren) / Without children / Other : _____

Disability Status: No / Yes - Please specify: _____

2. Education

Highest Degree Obtained: _____

Country Where the Degree Was Obtained: _____

First Year of Enrollment in a French University: _____

Were you a student last year ? Yes / No : _____

If YES, in which country ? _____

If NO, what was your last year of enrollment as a student ? _____

Institution Attended (if applicable): _____

3. Scholarship and Financial Assistance

Type of Scholarship: _____

Financial Assistance Received: _____

4. Declaration

I hereby certify that the information provided in this form is accurate and complete.

Place: _____

Date: ___ / ___ / ____

Signature:

_____