



ERASMUS+ STUDENT APPLICATION FORM ACADEMIC YEAR 2020/2021

FIELD OF STUDY: 912-MEDICINE

PHOTO

SENDING INSTITUTION

Name:

Erasmus ID code:

Address:

Institutional Coordinator - Name, telephone, email:

Departmental Coordinator - Name, telephone, email:

STUDENT'S PERSONAL DATA

Family name:

First name:

Date of birth:

Sex:

Nationality:

Place of birth:

Current address:

Permanent address (if different):

Current address is valid until:

Tel:

Tel:

Email:



LANGUAGE COMPETENCE:

FRENCH A1 A2 B1 B2 C1 C2

⇒ **The level B2 is recommended (please enclose a certificate)**

MOBILITY PERIOD AT CLAUDE BERNARD LYON 1 UNIVERSITY

FACULTY OF MEDICINE : LYON SUD LYON EST

Period of study: from to

Duration (in months):

Number of expected ECTS credits:

PREVIOUS AND CURRENT STUDY

Diploma / degree you are currently studying for:

Year of study in medicine :

Have you already been studying abroad? Yes No

If yes, when? At which institution?

RECEIVING INSTITUTION

We hereby acknowledge receipt of the requested documents.

The above-mentioned student is:

Provisionally accepted

Not accepted at our institution

Departmental coordinator's signature

Date