



Please complete all items in this form. Type or write legibly.

1. Personal Details

Last Name

First Name

Date of birth (day/month/year) _____

Gender: Female Male

Country of birth

Country of citizenship

(if you have dual nationality, state both)

Permanent Address

Email Address

(please give an email address you check regularly)

Telephone Number

(including country code)

2. Study Program

First semester at EBS Paris

Fall 2016

Spring 2017

Length of stay

One semester

Two semesters

Program you wish to enroll in

3rd year International semester

Other

Type of exchange

Exchange (non-fee paying)

Exchange (fee paying)

ERASMUS +

Visiting student

3. Sending Institution

Sending Institution's Name

Sending Institution's full address

International Coordinator:
Full Name

International Coordinator:
Email Address

4. Language skills

Mother tongue

Other languages

5. Contact in case of emergency

Last Name

First Name

Address

Email Address

Telephone Number

Fax Number

6. Miscellaneous

Please indicate any health /
medical conditions you think
we should be aware of (such as
allergies)

7. Fees per semester

Visiting students

Undergraduate program: 4100€

Postgraduate program: 5100€

- Tuition fees must be paid by bank wire transfer upon reception of the invoice.

Authorization: If you wish to give a relative or personal friend authority to contact EBS-PARIS regarding your admission status, please print that person's name here: _____ and sign here: _____

Statement of Understanding. (Read and sign before submitting your application.)

I certify that the information given in this application is complete and accurate, and I understand that to make false or fraudulent statements with regards to any information on this application or my lawful status in France may result in disciplinary action, denial of admission, and invalidation of credits earned at EBS-Paris. If accepted, I hereby agree to abide by the policies of the rules and regulations of EBS-PARIS. Should any of the information I have given change prior to my entry to France, I shall immediately notify the EBS-Paris Office of Admissions. I understand that acceptance as an exchange student does not guarantee later admission as a degree-seeking student. Accordingly, I hereby give my permission for the release of my EBS transcripts to EBS exchange officials and I give my permission for EBS to send my transcripts and information on my EBS courses, credits, and grades to the Registrar or Official Program Designee at my home institution at the end of each term.

Applicant's signature

Date

DEADLINES

Fall semester 2015

- Application Form: June 15th 2016
- Course selection: June 29th 2016

Spring semester 2016

- Application Form: November 15th 2016
- Course selection: November 15th 2016

LIST OF DOCUMENTS TO ATTACH TO THE SIGNED APPLICATION:

- Photo (passport size)
- Copy of European Health Insurance Card (only for European Union citizens)
- Copy of passport
- Copy of current year's academic transcripts
- Letter of Permission for visiting students

SOCIAL SECURITY AFFILIATION FOR NON-EUROPEAN CITIZENS:

Please note that non-European students will be required to pay the student Social Security Fee before the start of the semester to complete enrollment.

The fee for 2016-2017 will be updated in July (fee for 2015-2016 was 215€). Students will receive notification by email. Payment has to be done by bank wire transfer before the start of the semester.

CONTACTS AT EBS PARIS:

INTERNATIONAL RELATIONS DEPARTMENT

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PROGRAM & STUDIES DEPARTMENT

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