ANEXO II
COMUNICADO R-06/2020

STUDENT APPLICATION FORM

(Photograph)

ACADEMIC YEAR: 2020/2021
FIELD OF STUDY:
This application should be TYPED in order to be easily copied and/or telefaxed.

SENDING INSTITUTION
Name and full address: Centro Universitário FEI
Department coordinator - Prof. João Chang – 5511 4353-2922 - chang.joao@gmail.com
Institutional coordinator - Tiago Muzzilli – 5511 4353-2918 – tiagomuzilli@fei.edu.br

STUDENT’S PERSONAL DATA
(to be completed by the student applying)

Family name: First name(s):
Date of birth:
Sex: Nationality:
Place of Birth: Current address in your country: Permanent address (if different):
.................................................................
.................................................................
Tel.:
Email:
Current address is valid until:
Tel.:

RECEIVING INSTITUTION
Tick the correct box

☐ Icam site de Lille - 6, Rue Auber BP 10079 - 59046 Lille cedex – France
☐ Icam site de Nantes - 35, Avenue du champ de Maneuvres 44470 Carquefou – France
☐ Icam site de Toulouse - 75, Avenue de Grande Bretagne 31300 Toulouse – France
☐ Icam site de Paris Sénart - Carré Sénart 2, allées des savoirs 77127 Lieusaint – France
☐ Icam site de Bretagne - 9, rue du Commandant Charcot 56000 Vannes-France
☐ Icam site de Vendée - 28, bd d’Angleterre 85000 La roche sur Yon – France

WHICH YEAR DO YOU WANT TO APPLY FOR
Tick the correct boxes. You can apply for an academic stay and a training

☐ Scientific project ☐ Semester A ☐ Semester B ☐ Training

☐ 4th year ☐ Semester A ☐ Semester B ☐ Whole year ☐ Training

☐ 3rd year ☐ Semester A ☐ Semester B ☐ Whole year ☐ Training
Name of student: 
Sending institution: 
Country: 

Briefly state the reasons why you wish to study abroad?

LANGUAGE COMPETENCE

Mother tongue: .................... Language of instruction at home institution (if different): .........................

<table>
<thead>
<tr>
<th>Foreign languages</th>
<th>I am currently studying this language</th>
<th>I have sufficient knowledge to follow lectures</th>
<th>I would have sufficient knowledge to follow lectures if I had some extra preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>yes</td>
<td>no</td>
<td>yes</td>
</tr>
<tr>
<td>Francés</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Foreign Languages</th>
<th>Number of years</th>
<th>Any external language qualifications (FCE, TOEIC, DELF/DALF, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inglês</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italiano</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Francés</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPUTER SKILLS

<table>
<thead>
<tr>
<th>Computer skills</th>
<th>Numerical calculation</th>
<th>CAD/CAM softwares</th>
<th>Programming tool</th>
</tr>
</thead>
</table>

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: ..........................................................
Number of higher education study years prior to departure abroad: ...........................................
Have you already been studying abroad? Yes ☐ No ☐
If Yes, when? At which institution?

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records.
The above-mentioned student is ☐ provisionally accepted at our institution
☐ not accepted at our institution

Departmental coordinator’s signature: __________________________ Institutional coordinator’s signature: __________________________

Date: ___________________________ Date: ___________________________