



**EXCHANGE STUDENT APPLICATION FORM**  
**2020-2021**  
(Please answer all questions)

**IMPORTANT**

Please attach  
photo

**YOUR CONTACT DETAILS:**

**GENDER** ☐ MALE ☐ FEMALE

**FAMILY NAME:**

**FIRST NAME:**

**DATE OF BIRTH:**

**NATIONALITY:**

**HOME ADDRESS:**

**PHONE NUMBER:**

**E-MAIL:**

**PARENTS' PHONE AND E-MAIL:**

**YOUR HOME SCHOOL CONTACT:**

**NAME OF YOUR HOME SCHOOL:**

**NAME OF YOUR ACADEMIC ADVISOR:**

**NAME OF YOUR EXCHANGE COORDINATOR:**

**E-MAIL OF YOUR EXCHANGE COORDINATOR:**

**ACADEMIC INFORMATION:**

NUMBER OF YEARS OF FINE ARTS STUDY:

MAJOR: ☐ PAINTING ☐ SCULPTURE ☐ MULTIMEDIA ☐ OTHER

FRENCH PROFICIENCY: ☐ FLUENTLY ☐ FAIRLY WELL ☐ SLIGHTLY

PERIOD OF STUDY AT BEAUX-ARTS:

☐ FIRST SEMESTER (FALL) ☐ SECOND SEMESTER (SPRING)

NAME OF THE REQUESTED ARTISTIC STUDIO PROFESSOR TO BE CHOSEN AMONG THE LIST OF PROFESSORS\*:

\*please note that studies at BEAUX-ARTS revolve round the notion of the studio, - a space where students execute their practical work under the auspices of an established artist, **visiting students are required to join a studio.** Requests will be considered but are not guaranteed.

**HEALTH INSURANCE INFORMATION:**

NAME OF INSURANCE PROVIDER:

POLICY / IDENTIFICATION NUMBER:

**IMPORTANT NOTE:** All students are required to be covered by a health insurance policy from a private insurer or a national insurance scheme. Insurance must cover, at a minimum, medical costs, hospitalization, surgery and repatriation, subject only to customary deductibles and co-payment provisions. You must send a copy of an attestation from your insurer (in English or French) confirming your coverage. Students who do not have adequate coverage will need to subscribe to a policy from a French insurer, covering any items not already covered by the home country policy. **Students who do not provide an attestation of insurance will not receive their student cards.**

DATE:

STUDENT'S SIGNATURE:

HOME INSTITUTION COORDINATOR'S SIGNATURE AND STAMP: