

STUDENT APPLICATION FORM

(Photograph)

Academic year: 20____ / 20____

Field of study: Food Sciences Year: ____ (L3/M1/M2) Veterinary Medicine Year: ____ (1/2/3/4/5)

Semester: Autumn Spring Whole Year
 Clinic Internship

● STUDENT'S PERSONAL DATA

(To be completed by the student applying)

Family name: _____ First name(s): _____

Date of birth: _____ Place of birth: _____

Sex: F M Nationality: _____

Passport N°: _____

Current address: _____ Permanent address (if different): _____

Tel: _____ Personal e-mail: _____

University e-mail: _____

Duration of your stay in France: from _____ to _____

Date of arrival: _____

● SENDING INSTITUTION

Name and full address: _____

Country: _____ ERASMUS CODE (when applicable): _____

Field of study: _____ Faculty/Department: _____

Departmental coordinator

Name: _____

E-mail: _____

Tel: _____

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● PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: _____

Number of higher education study years prior to departure abroad: _____

● LANGUAGE COMPETENCES

Level of French: A1 A2 B1 B2 C1 C2

Level of English: : A1 A2 B1 B2 C1 C2

Sending institution

Departmental coordinator's signature:

Student's signature:

Date: _____

Date: _____

Deadlines:

- **May 15** for the autumn semester
- **November 1st** for the spring semester

Documents to be submitted:

- **Copy of passport**
- **Proposal of Learning Agreement / Study Program**
- **Transcript of records** of previous and current higher education study
- **Copy of European health insurance card** when applicable
- **Application form**
- If you intend on using your car to get daily to Oniris, please give us your car number and the mark of your vehicle for the making of your parking badge

Send your candidature to:

International Relations – Erasmus Office

Rue de la Géraudière – BP 82 225

44 322 Nantes Cedex 3 – France

OR

iro@oniris-nantes.fr

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