



ÉCOLE SUPÉRIEURE
D'ART ET DE DESIGN
DE VALENCIENNES

APPLICATION FORM FOR INCOMING STUDENTS

SURNAME :

First Name :

Place and date of birth :

Nationality :

Current Address :

Town/City :

Zip Code :

Country :

Telephone number :

Email address :

Id or Passport number :

*I am aware and agree that my personal e-mail address may be given to administrators and teachers
(please tick your answer) : YES NO*

Sending School or University (full name and adress)

Field of Study

| | | | | |
|--------------------------|----------------|--------------------------|-----------------|--------------------------|
| Proposed period of study | First semester | <input type="checkbox"/> | Second semester | <input type="checkbox"/> |
| | Full Year | <input type="checkbox"/> | | |

Degree for which you are currently studying :

| | | | | |
|-----------------------|---|---|---|---|
| Undergraduate, Year : | 1 | 2 | 3 | 4 |
| Graduate, Year : | 1 | 2 | | |

ECTS/credits to be completed :

Spoken language :
-
other language :
-
level : basic or fluent

Documents to be sent :

- Current application form
- Portfolio : one attached file only of 5 projects
- Letter of motivation
- CV
- 1 ID photo

I confirm my application and I commit to pay my personal health insurance and my personal civil liability insurance.

Date:

Student signature :