



**Dear ERASMUS/SOCRATES student,**

Welcome to the CECAM group.

You will find hereafter 3 main documents necessary to your enrolment at ICAM.

Pages 2 & 3 : the application form to be filled as soon as you can and sent to France to

Ronan DENMAT  
ICAM Nantes  
International Office  
35, avenue du champ de Manœuvres  
44470 CARQUEFOU  
France

This application form will be returned to your university, duly signed and accepted by our Director of studies.

A second document is available on pages 4 & 5. It is called “learning agreement”. This will have to be filled in after your arrival at ICAM, stating the subjects you are going to study over the year. Then ask the ICAM Director of Studies to sign it and send it to your university for approval.

The last document (page 6) is only required if you wish to live at the ICAM Residence. It is highly important that you fill it and send it to the above mentioned address as soon as possible. Do not forget the deposit of 150 euros to be sent to Ronan DENMAT by international Postal order ONLY (order ICAM)

**Please note that without those documents you will not be accepted at ICAM**

**DO NOT FORGET TO STATE CLEARLY WHICH ICAM YOU ARE GOING TO :  
EITHER LILLE – NANTES OR TOULOUSE**

# ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

## STUDENT APPLICATION FORM

(Photograph)

**ACADEMIC YEAR :**

**FIELD OF STUDY:** .....

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

### **SENDING INSTITUTION**

Name and full address: .....

Department coordinator - name, telephone and telefax numbers, e-mail box .....

Institutional coordinator - name, telephone and telefax numbers, e-mail box .....

### **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: ..... Permanent address (if different): .....

Current address is valid until: .....

Tel.: ..... Tel.: .....

### **LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):**

| Institution | Country | Period of study |       | Duration of stay (months) | N° of expected ECTS credits |
|-------------|---------|-----------------|-------|---------------------------|-----------------------------|
|             |         | From            | to    |                           |                             |
| 1. ....     | .....   | .....           | ..... | .....                     | .....                       |
| 2. ....     | .....   | .....           | ..... | .....                     | .....                       |
| 3. ....     | .....   | .....           | ..... | .....                     | .....                       |

Name of student: ..... Country: .....

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): .....

| Other languages | I am currently studying this language |                          | I have sufficient knowledge to follow lectures |                          | I would have sufficient knowledge to follow lectures if I had some extra preparation |                          |
|-----------------|---------------------------------------|--------------------------|--|--------------------------|--|--------------------------|
|                 | yes                                   | no                       | yes  | no                       | yes  | No                       |
| .....           | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| .....           | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |
| .....           | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

## WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

| Type of work experience | Firm/organisation | Dates | Country |
|-------------------------|-------------------|-------|---------|
| .....                   | .....             | ..... | .....   |
| .....                   | .....             | ..... | .....   |

## 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 ? .....

**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will provided be at a later stage.**

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?  
 Yes ☐ No ☐

## 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 : .....

**ACADEMIC YEAR**      ./      . - **FIELD OF STUDY:** .....

Name of student: .....

Sending institution: ..... Country: .....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT** (to be filled in ONLY if appropriate)

| Course unit code (if any) and page no. of the information package | Course unit title (as indicated in the information package) | Deleted course unit      | Added Course Unit        | Number of ECTS credits |
|---|---|--------------------------|--------------------------|------------------------|
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |
| .....   | .....   | <input type="checkbox"/> | <input type="checkbox"/> | .....                  |

if necessary, continue this list on a separate sheet

Student's signature

..... Date: .....

**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....

**RECEIVING INSTITUTION**

We confirm by the above-listed changes to the initially agreed programme of study/learning agreement are approved.

Departmental coordinator's signature

Institutional coordinator's signature

.....

.....

Date: .....

Date: .....



# **SOCRATES - ERASMUS** **ACCOMMODATION** **APPLICATION FORM\***

*Fiche d'inscription pour une chambre à l'ICAM\**

|   |
|---|
| Home University :<br><i>Université d'origine</i>                |
| Family Name & first name:<br><i>Nom de famille &amp; prénom</i> |
| Male <input type="checkbox"/> Female <input type="checkbox"/>   |
| Home Address :<br><i>Adresse personnelle</i>                    |
| Country :<br><i>Pays</i>  |
| Tel + e-mail:<br><i>(please mention international code)</i>     |

Please

attach photo

Wish to apply for a room at : *(Tick the box according to the location of the school you have chosen)*  
*demande une chambre à (cochez la case)*

☐ **Résidence ICAM Lille**

8, rue AUBER 59000 Lille - France  
 Tel +33 3 20 22 61 61 - Fax +33 3 20 09 84 74

☐ **Résidence ICAM Nantes**

33, Avenue du Champ de Manoeuvres 44470 Carquefou - France  
 Tel +33 2 40 52 41 00 - Fax : +33 2 40 52 40 97

☐ **Résidence ICAM Toulouse**

13, Avenue Raymond Badiou 31300 Toulouse - France  
 Tel : +33 5 62 12 56 00 - Fax : +33 5 62 12 56 00

From .....to ..... *(be as precise as possible)*  
*Du ..... au ..... (soyez aussi précis que possible)*

Price of the room : between 220 € and 290 € *to be paid monthly by bank transfer*

*Prix des chambres entre 220 et 290 € payable mensuellement par virement bancaire*

Booking deposit to be sent **only by International postal order** : 150 €

*Acompte de réservation à régler par mandat postal international seulement : 150 €*

I take the engagement to pay the rent for the entire length of my stay at ICAM

*Je prends l'engagement de payer le loyer pendant toute la durée de mon séjour à l'ICAM*

**Signature of the applicant :**

*Signature du demandeur*

**Note :** Each room is furnished with a bed, a desk, a chair. Private bathrooms in Nantes and Toulouse. Common kitchen with crockery, fridge microwave ovens. Sheets are not provided. Heating and cleaning are included in the price. A bar, TV rooms and many other leisure activities are available at each residence.

\*Rooms will be rented according to availability. In case of no vacancy, ICAM will attempt to find substitute accommodation but cannot be held responsible in this matter.

☞ **:Form to be sent back to Ronan DENMAT (at least one month before arrival)**

**ICAM Nantes - 35 av. du Champ de Manoeuvres 44470 CARQUEFOU - FRANCE**

Formulaire à renvoyer à Ronan DENMAT ICAM Nantes (au moins un mois avant la date d'arrivée)