

**Institut d’Optique *Graduate School***

**(Institut d’Optique Théorique et Appliquée)**

**Application For Non-Degree Seeking Student**

**Credits transfer only**

**(Exchange or Non-exchange)**

2021-2022

**Please complete this form and send by Email**

**with required documents (see final page) to:**

pierre.baladi@institutoptique.fr

*Supporting documents may also be sent by post to:*

*Institut d’Optique Graduate School ID picture*

*Relations Internationales – Pierre Baladi*

*2, Avenue Augustin Fresnel*

*91127 PALAISEAU Cedex*

*France*

***Note: this form is valid for Erasmus+ mobilities***

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| Personal Information | | | |
| Family or Last Name |  | First or given name(s) |  |
| Date and place of birth |  | Gender (M/F) |  |
| Permanent address |  | Temporary address and dates if applicable  (from now until dd/mm/yyyy) |  |
| E-mail address for correspondence |  | Telephone number  (e.g. +33-123 45 67 89) |  |

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| Sending (Home) Institution | | | |
| Name of Institution |  | Faculty |  |
| Erasmus Code  (if applicable) |  | Department |  |
| Address |  | | |
| Contact Person’s name |  | Contact Person’s e-mail and phone |  |

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| Receiving Institution | | | |
| Institut d’Optique *Graduate School*  (Institut d’Optique Théorique et Appliquée)  2 avenue Augustin Fresnel  Fr-91127 PALAISEAU Cedex  France | | Erasmus Code:  F-ORSAY02 | Erasmus Charter number:  28120-LA-1-2014-1-FR-E4AKA1-ECHE |
| Contact Person | Pierre BALADI | Contact Person’s  e-mail and phone | pierre.baladi@institutoptique.fr  +33-164 53 32 08 |

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| **Important information concerning Non-degree students’ status:** | |
| ***Exchange agreement***  *Students joining Institut d’Optique* ***under an exchange agreement*** *(Erasmus+ or other exchange agreement) will be considered as* ***exchange students****. They will benefit from the terms of the agreement (including tuition waiver). They must be* ***officially nominated*** *by their home university.* | ***Non-exchange students***  *Students joining Institut d’Optique* ***independently*** *from their home university or from a university without an exchange agreement with Institut d’Optique will be considered as* ***non-exchange students*** *(fees apply).* |
| I come under an exchange agreement (Erasmus+, other exchange agreement) and I have been nominated by my home university  🡪 *Non-degree* ***exchange*** *student* | I am independent from any exchange agreement  🡪 *Non-degree* ***non-exchange*** *student* |
| Tuitions fees: waived | Tuition fees may apply |

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| **Students may apply for one or two semesters of study:** | |
| I wish to be considered for a course of study (30 ects) in **semester 1** (September-February) only | I wish to be considered for a course of study (30 + 30 ects) in **semester 1 and** **semester 2** (September-June/July) |

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| **Current year and field of study, with name of the degree programme** (e.g. 3rd year student of Engineering Physics in 4 year BSc course) |  |

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| DETAILS OF PROPOSED STUDY PROGRAMME ABROAD/LEARNING AGREEMENT  **Institut d’Optique Graduate School (F-ORSAY02)** | | | |
| **Course unit code**  **(if any)** | **Course unit title (as indicated in the course catalogue)** | **Semester**  **1/2** | **Number of ECTS credits** |
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|  | Please add lines or continue on separate sheet if necessary | | |

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| **Student’s signature & date**: |

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| The Sending Institution confirms that the learning agreement is accepted | |
| Departmental Coordinator’s name and signature  (if required) | Institutional Coordinator’s signature |
| Date: | Date: |

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| The Receiving Institution confirms that the learning agreement is accepted (subject to the courses taking place) | |
| Departmental Coordinator’s name and signature  Xavier Délen | Institutional Coordinator’s signature  Pierre Baladi |
| Date: | Date: |

CHANGES TO ORIGINAL LEARNING AGREEMENT

(to be completed if any changes are made)

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| **Name of student:**  **Sending Institution:** |

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| DETAILS OF CHANGES TO LEARNING AGREEMENT  **Institut d’Optique Graduate School (F-ORSAY02)** | | | |
| **Course unit code**  **(if any)** | **Course unit title (as indicated in the course catalogue)** | **Semester**  **1/2** | **Number of ECTS credits** |
| Deleted course: |  |  |  |
| Replaced by: |  |  |  |
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| Deleted course: |  |  |  |
| Replaced by: |  |  |  |
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| Deleted course: |  |  |  |
| Replaced by: |  |  |  |
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| Deleted course: |  |  |  |
| Replaced by: |  |  |  |
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| Deleted course: |  |  |  |
| Replaced by: |  |  |  |

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| **Student’s signature** ……………………………….. **Date**:      ………………………………… |

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| The Sending Institution confirms that the modification(s) is/are accepted | |
| Departmental Coordinator’s name and signature  (if required) | Institutional Coordinator’s signature |
| Date: | Date: |

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| The Receiving Institution confirms that the modification(s) is/are accepted | |
| Departmental Coordinator’s name and signature  Xavier Délen | Institutional Coordinator’s signature  Pierre Baladi |
| Date: | Date: |

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| **Comments/Observations** |
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***Language skills:***

What is/are your native language(s)?

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| **ENGLISH LANGUAGE SKILLS** |
| If English is not your first language, have you studied English?  If YES, give details and duration of study  Do you have an English language qualification (e.g. TOEFL, IELTS, Cambridge Certificates, etc.?)  If YES give name and date of exam and mark obtained  **Personal assessment of your English skills** (CEFR - Common European Framework of Reference for Languages). Please tick appropriate box:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | A1  Beginner | A2 Elementary | B1 Intermediate | B2 Upper Intermediate | C1  Advanced | C2 Proficiency | | Reading |  |  |  |  |  |  | | Writing |  |  |  |  |  |  | | Speaking |  |  |  |  |  |  | | Listening |  |  |  |  |  |  | | Technical English |  |  |  |  |  |  | |

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| **FRENCH LANGUAGE SKILLS** |
| If French is not your first language, have you studied French?  If YES, give details and duration of study:  Do you have a French language qualification (e.g. DELF, DALF, TEF, etc.)?  If YES give name and date of exam and mark obtained (**please enclose a copy of the score report**)  **Personal assessment of your French skills** (CEFR - Common European Framework of Reference for Languages). Please tick appropriate box:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | A1  Beginner | A2 Elementary | B1 Intermediate | B2 Upper Intermediate | C1  Advanced | C2 Proficiency | | Reading |  |  |  |  |  |  | | Writing |  |  |  |  |  |  | | Speaking |  |  |  |  |  |  | | Listening |  |  |  |  |  |  | | Technical French |  |  |  |  |  |  | |

# SUPPORTING DOCUMENTS

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| **LIST OF DOCUMENTS THAT SHOULD BE SENT TO INSTITUT D’OPTIQUE WITH APPLICATION FORM** |
| *(please send all supporting documents bundled in one single file, preferably a pdf file)*  **Required documents:**  A letter outlining your motivation for study at Institute d’Optique (one page maximum)  A Curriculum Vitae,  The complete transcripts of your last years of study in higher education (for the current year, attach provisional results, if available); final transcripts/results must be sent as soon as possible,  A scanned copy of your ID or Passport (identity photo page)  **Additional documents (not compulsory):**  Any other document supporting your academic profile (reference letters, awards, prizes, olympiads…) or test results (language test, GRE…) |