

**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:**

eirini.papagiannouli@institutoptique.fr

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

*Institut d’Optique Graduate School ID picture*

*Relations Internationales*

*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 FresnelFr-91127 PALAISEAU CedexFrance | Erasmus Code:F-ORSAY02 | Erasmus Charter number:28120-LA-1-2014-1-FR-E4AKA1-ECHE |
| Contact Person | PAPAGIANNOULI Eirini | Contact Person’s e-mail and phone | eirini.papagiannouli@institutoptique.fr+33-164 53 32 61 |

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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 Eirini PAPAGIANNOULI |
| 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: |       |       |       |
|  |
| 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 Eirini PAPAGIANNOULI |
| 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:

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|  | A1Beginner | A2 Elementary | B1 Intermediate | B2 Upper Intermediate | C1Advanced | 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:

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|  | A1Beginner | A2 Elementary | B1 Intermediate | B2 Upper Intermediate | C1Advanced | C2 Proficiency |
| Reading | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Writing | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Speaking | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Listening | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Technical French | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

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# 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…) |