

## STUDENT APPLICATION FORM

LASTNAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_

Please return the student application form **with 1 photo** to

Université de Neuchâtel, SIM-Mobility Office, Avenue du 1<sup>er</sup>-Mars 26, CH-2000 Neuchâtel  
or to [bureau.mobilite@unine.ch](mailto:bureau.mobilite@unine.ch) (Please scan the form. *NB : the forms sent by fax are not accepted*)

### APPLICATION DEADLINES

**15 April** for Fall semester / **15 October** for Spring semester

**NB : only forms of the students pre-announced by their university will be taken into consideration.**

### STUDY STAY

- Mobility within convention
- ERASMUS
- Free Mobility (without convention / programme)

Academic year \_\_\_\_\_

### Period of study

- Full academic year (September-May / exams in January and June)
- Fall Semester (September-December/exams in January)
- Spring Semester (February-May / exams in June)

Study field \_\_\_\_\_

Level  Bachelor  Master  Doctorat

### HOME UNIVERSITY

University \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E mail \_\_\_\_\_

### MOBILITY OFFICE

Lastname \_\_\_\_\_ Firstname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E mail \_\_\_\_\_

**STUDENT'S PERSONAL DATA**

Surname \_\_\_\_\_ Firstname \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Sex  M  F

**PERMANENT ADDRESS**

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E mail \_\_\_\_\_

**CURRENT ADDRESS, VALID UNTILL \_\_\_\_\_**

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone Number \_\_\_\_\_ E mail \_\_\_\_\_

**PREVIOUS AND CURRENT STUDIES**

Degree for which you are currently studying \_\_\_\_\_

Number of higher education study semesters prior to the departure abroad \_\_\_\_\_

**LANGUAGE COMPETENCE**

Mother tongue \_\_\_\_\_

Language of instruction at home institution \_\_\_\_\_

| 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"/> |
| _____           | <input type="checkbox"/>              | <input type="checkbox"/> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/> |

**MOTIVES**

Briefly state the reasons why you wish to study at the University of Neuchâtel

**LEARNING AGREEMENT**

The learning agreement must be sent to the Mobility Office of University of Neuchâtel no later than one month before the beginning of the semester.

**FINANCIAL SUPPORT**

The University of Neuchâtel does not provide exchange students with financial support. The students will have to support themselves during their exchange.

**DATE AND STUDENT'S SIGNATURE**

---

**DECISION OF THE UNIVERSITY OF NEUCHATEL**

|                                  |   |
|----------------------------------|---|
| The above-mentioned student      | <input type="checkbox"/> is accepted as an <i>exchange student</i> in our institution (2 semesters maximum) |
|                                  | <input type="checkbox"/> is not accepted at our institution   |
| Signature of the Mobility Office |   |
| <hr/>                            |   |
| Date                             | <hr/>   |