

Photo

AN EXCHANGE VISIT TO THE UNIL

Home university:									
1. Length of	stay at the U	INIL:							
Academic yea	r:		or semes	ter:					
2. Personal details :									
Surname :				First name :					
Maiden name :									
	pirth : Nationality :								
	ermanent address :								
Telephone number : e-mail address :									
Name and address of a person who can be contacted in case of emergency:									
Telephone number : e-mail address :									
3. DETAILS (TAILS OF SCHOOL AND UNIVERSITY STUDIES :								
	subjects studies	date of studies	name of institution attended	title of diploma obtained	date and place where diploma was awarded				
Final secondary school									
certificate									
University									
studies									
Other studies									

4. Languages :				
				2
FOREIGN LANGUAGES	Number of years studied	conversatio *	n reading *	writing *
FRENCH				
ENGLISH				
* specify "very goo	d" - "good" - "avera	ge"		
5. PLANNED STU	DY PROGRAMME A	T THE UNIVE	RSITY OF LAUSAI	NNE
Faculty(ies):	(Chosen/Select	ed discipline:	
Level: BACI	HELOR 🗆 « BO	DLOGNA » MA	STER 🗆	
			.5.1.1	
Proposed study pro	gramme at the UNII	L:		
(please attach a	detailed plan of st	tudies – see t	the « study proje	ct » form)
	contacted a professo			
(If you have, please	e attach copies of co	rrespondence)	
6. DETAILS OF VI	SITS ARROAD			
O. DETAILS OF VI	SIIS ADROAD			
COUNTRY	LENGTH (LENGTH OF STAY REASON FOR VISIT		
	IED SOLEMNLY D THE INFORMATIO			•
KNOWELDGE ALL	THE IN ORMATIO	N GIVEN AD	OVE 15 COM LETE	AND TRUE.
Date :		Signatu	re:	
Date		Signatu	ie	
APPENDICES :	cation forms must	ho accompa	nied by i	
	cation forms must	_	-	
 a study plan, or intends to under 	a specific descriptior take at UNIL	n of the resear	ch project ,which th	ie candidate
- a curriculum vita	_			
	ll university examina ommendation from a			
 If the students w (if possible) 	ommendation from a vishes to attend regu	llar courses tai	ight in French, Fren	ch level certificate
(,,				
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Direction Service des Affaires	Sociales et de la Mob	ilité Etudiante		
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