Application Form 2017 Session ICN Undergraduate Summer Program *Exchange students*

Photo

YOUR INFORMATION				
University:				
Gender:				
Last Name:	First	Name:		
Date of birth:	Place	e of birth:		
Major and Year:				
Home Address:				
Zip code:	City:	Country:		
E-mail:				
Home Phone:	Cell p	ohone:		
Students will be accommodated at a university residence downtown.				
PLEASE INDICATE YOUR CH	OICE			
 3rd week option (please chool European Management European Marketing European Management of L 		the following):		

Registration deadline: March 15th, 2017



CREATIVE THINKING MAKES THE DIFFERENCE*
*La créativité fait la différence







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Please make sure to include the following documents	
Thouse make care to include the following decamente	when you send your application:
☐ Completed application form	
☐ Curriculum Vitae or Resumé in English	
☐ Letter of motivation in English	
☐ Copy of passport or identity card	
☐ 2 passport photos	
ADMISSION PROCESS	
March	th required documents before 15 th , 2017
by email to: study	abroad@icn-groupe.fr
Student signature	Place and date
_	Place and date
Home University approval	
Home University approval We approve and support this application and we are sati	
Home University approval We approve and support this application and we are sati	
Home University approval We approve and support this application and we are sati	
Home University approval We approve and support this application and we are sati	
Home University approval We approve and support this application and we are sati	
Home University approval We approve and support this application and we are sati competencies necessary for this exchange.	