

APPLICATION FORM

SUMMER SCHOOL PROGRAM 2010

This form should be returned with 3 passport-sized pictures to Elodie Thevenet at EM Strasbourg Business School, before

April 2nd, 2010

Last Name: _____

First Name: _____ Middle: _____

Date of Birth: _____ Gender: _____

Permanent Home Address: _____

City/Town: _____ Country: _____

State: _____

Zip Code or Postal Code: _____

Home Telephone: _____

E-mail address: _____

Home University: _____

Year or level of Study: _____

Major: _____

Number of Semesters of French Language Instruction: _____

Smoker / Non-smoker: _____

Preference for an apartment: Single (about 390€) Double (about 300€)

Any additional information you might want to add (special dietary needs such as vegetarian, no pork, allergies to medications, food etc...):
