NICE BERLIN BRUXELLES ISTANBUL

MASTER IN ADVANCED EUROPEAN AND INTERNATIONAL STUDIES European Integration and Global Studies

APPLICATION FORM

Academic year 20... / 20...

Ţ	aware that the programme offers two of a lapply for option 1: Berlin – Nice – lapply for option 2: Berlin – Nice –		:					
1. P	ERSONAL INFORMATION							
	Last Name (Family Name) (use capital letters):							
	First Name (use capital letters):							
	Nationality:							
	Male / Female:	 	Please attach your photo here					
	Date and place of birth:		i ! !					
	Single – married:	<u>!</u>						
	Number of children:							
	Father's profession:							
	Mother's profession:							
	Current address:							
	Address:							
	Zip or postal code:	City:						
	Country:	E-mail:						
	:	Fax:						
	Permanent address or parent's addres	s:						
	Address:							
	Zip or postal code:	City:						
	Country:	E-mail:						
	~ :	Fax:						
	Future address (if already known):							
	Address:							
	Zip or postal code:	City:						
	Country:	E-mail:						

GENERAL INFORMATION			yes	no	
Are you currently registrat	ed with the French National Hea	alth Service?			
Have you ever been regis	trated with the French National	Health Service?			
If you answered yes to the number:	If you answered yes to the previous question, please indicate your registration				
How did you learn about C	IFE/IE⋅EI and its postgraduate s	study programmes?:			
ACADEMIC DATA					
University education in the	last five years:				
Academic year	University	Type of	studies		
COMPLEMENTARY INFOR					
Please list your work expe	rience (internships, projects, etc	.):			
Present employment (if any	y):				

5. KNOWLEDGE OF LANGUAGES

Mother language:

ENGLISH	fluently	easily	with difficulty
reading			
writing			
speaking			
comprehension			

Other languages known and level of knowledge:	

Documents enclosed (in English)

- 1. Application form completed and signed by the applicant
- 2. Photograph of the candidate (approx. the size of a passport picture)
- 3. Copies of your University degree(s) (official translation if not in English)
- 4. Transcript of records (official translation if not in English)
- 5. If applicable, list of your research papers, areas of research interest and practical experience (max. 1 page)
- 6. Two letters of recommendation preferably written by recent professors or head of programmes, in sealed envelopes or sent by email scanned
- 7. Copy of an official English language test document:
 - IELTS test report at 6.5 overall
 - TOEFL certificate at CBT = 213 or IBT = 82
 - Other tests organized by the British Council

or

At least one reference from your professor(s), stating your level of mastery of the language

or

- A statement of an Anglophone university, certifying that you have participated in classes held in this language for at least one academic year.
- 8. Motivation letter
- 9. Curriculum vitae

I declare,	upon n	ny honour,	that this	information	is c	correct	and	complete

Date :	Signature:
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Please return this form

(via mail or Email) with all the above mentioned documents to :

Centre international de formation européenne (CIFE) / Institut Européen · European Institute (IE-EI)

Students service – Ms Melanie HO BAO LOC

81 rue de France 06000 NICE - FRANCE

Email: melanie.hobaoloc@cife.eu - 22: +33 (0)4 93 97 93 70 - Fax: +33 (0)4 93 97 93 71

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MASTER IN ADVANCED EUROPEAN AND INTERNATIONAL STUDIES European Integration and Global Studies

	REGISTRATION FORM						
L			2021 / 20	122			
NAME	:						
First name(s	s) :						
I attach hero year 2021/2		application to the	Institut Europée	n-European Institute fo	r the academic		
		iewed the application is correct in a		ve personally completed	d, and declare		
If my applic	cation is	accepted:					
☐ I under	take to	pay the study fees	of 8 900,- euros	•			
☐ I am no	ot able to	pay in full the fee	es of 8 900,- eur o	os			
I have a	already a	applied / I will apply	/ for a grant from	the following organisati	ons:		
	Da	ite	:				
	Sig	gnature	:				