

**MASTER IN ADVANCED EUROPEAN AND INTERNATIONAL STUDIES  
Anglophone branch**

**APPLICATION FORM**

Academic year 20... / 20...

**1. PERSONAL INFORMATION**

SURNAME (use capital letters): .. .. .

First name (use capital letters): .. .. .

Nationality: .. .. .

Male / Female: .. .. .

Date **and** place of birth: .. .. .

Single – married: .. .. .

Father's profession: .. .. .

Mother's profession: .. .. .

*Current address:*

Address: .. .. .

Zip or postal code: .. .. . City: .. .. .

Country: .. .. . E-mail: .. .. .

☎ : .. .. . Fax: .. .. .

*Permanent address or parent's address:*

Address: .. .. .

Zip or postal code: .. .. . City: .. .. .

Country: .. .. . E-mail: .. .. .

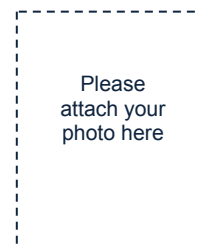
☎ : .. .. . Fax: .. .. .

*Future address (if already known):*

Address: .. .. .

Zip or postal code: .. .. . City: .. .. .

Country: .. .. . E-mail: .. .. .





: ..... Fax: .....

## 2. GENERAL INFORMATION

yes no

Are you currently registered with the French National Health Service?

Have you ever been registered with the French National Health Service?

If you answered yes to the previous question, please indicate your registration number :

How did you learn about IE·EI and its postgraduate study programmes?: .....

## 3. ACADEMIC DATA

University education in the last five years:

Academic year	University	Type of studies
..... - .....		
..... - .....		
..... - .....		
..... - .....		
..... - .....		

Date of high school diploma: .....

University degrees:  
.....  
.....  
.....

List any papers, articles or books you have published:  
.....  
.....  
.....  
.....

## 4. COMPLEMENTARY INFORMATION

Give a brief outline of your intended career plans:  
.....  
.....  
.....  
.....

Please list your work experience (internships, projects, etc.):  
.....  
.....  
.....

Present employment (if any):  
.....  
.....  
.....  
.....

## 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 (with a passport photo attached)
2. Copies of your University degree(s)
3. Transcript of records
4. List and summary of research papers written as part of your University degree(s)
5. Two letters of recommendation preferably written by recent professors or head of programmes, in sealed envelopes or by email scanned
6. Copy of an official English language test document : TOEFL (CBT  $\geq$  213 or IBT  $\geq$  82) or IELTS  $\geq$  6,5 or BILET (Bilgi English test)  $\geq$  70
7. Motivation letter
8. Curriculum vitae

I declare, upon my honour, that this information is correct and complete

Date : ..... Signature :

### Please return this form

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

#### Institut Européen · European Institute

Student's service – Anglophone branch

10 avenue des Fleurs

06000 NICE - France

Email : [melanie.hobaoloc@cife.eu](mailto:melanie.hobaoloc@cife.eu) – ☎ : +33 (0)4 93 97 93 70 - Fax : +33 (0)4 93 97 93 71

*Students based in Turkey can contact :*

**Mr Emre GÜR** – Institut Européen · European Institute

Istanbul Bilgi University – Dolapdere Campus – Kurtulus Deresi Cad. No:47

34440 Dolapdere Istanbul / Turkey

Email : [emre.gur@bilgi.edu.tr](mailto:emre.gur@bilgi.edu.tr) - ☎ Mobile : +90 (0)533 330 92 42

**MASTER IN ADVANCED EUROPEAN AND INTERNATIONAL STUDIES  
Anglophone branch**

**REGISTRATION FORM**

**2012 / 2013**

NAME : \_\_\_\_\_

First name(s) : \_\_\_\_\_

I attach herewith my application to the Institut Européen-European Institute for the academic year 2012/2013.

I have carefully reviewed the application, which I have personally completed, and declare that the information given is correct in all respects.

**If my application is accepted :**

**I undertake to pay** the study fees of **8 000,- euros**

**I am not able to pay** in full the fees of **8 000,- euros**

I have already applied / I will apply for a grant from the following organisations :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date :

Signature :