

APPLICATION FORM FOR EXCHANGE OR INTERNATIONAL STUDENTS

РНОТО	First name :				
	Country :				
Please refer to the In integrated.	ternational Student Guide	to select the prog	ram and the period in whic	h you would like to be	
		EUROPE PROGRAM	ISUGA PROGRAM 1 st year Usual calendar September-mid-February	ISUGA PROGRAM 3 rd year Usual calendar September-mid-March	
September – Dece	ember 2025				
January – April 20	26				
September 2025 -	- February/March 2026				
September 2025 – April 2026			*	*	
	rogram 1 st year, students may rogram 3 rd year, students may	_		·	
Date of birth & age:			Occupation of : Your father:		
Permanent address:		Emergency contact: phone number and email with name			
Postal Code:Town:					
Country:			Please indicate by number your parents' area of activity according to the description below. • Farmer		
Mobile phone:			11	Craftsman and Business people Professional and Managerial Positions	
Email :			Middle Managers	Middle Managers	
Nationality:			• S Employee • Manual Worker	1	
•			☐ ♥ Retired	RetiredUnemployed	
Gender: Marital status:					

EMBA Business School | ISUGA Program - International trade Europe Asia
Business school of Finistère Chamber of Commerce and Industry
Tel.: +33 (0)2 98 10 16 16 | contact@emba-bs.com | www.emba-bs.com





STUDY INFORMATION

Undergraduate	Graduate 🗆
Field of study:	
Year:	

LANGUAGE SKILLS and QUALIFICATION

Language	Qualification	Level	Score	Year
English				
French				
Other:				



DOCUMENTS TO ENCLOSE TO YOUR FORM

ISUGA	to EIVIBA-
✓ Copy of your passport	
✓ Official academic transcript	
√Resume	
✓ English level certificate	
✓1 ID picture to paste on the form	
\checkmark Copy of your birth certificate (individual one and with filiation) and its certified translation in	French
PERSONAL DATA	
I accept to share with EMBA staff and students my mobile phone number/WhatsApp number organization of my pick-up in Quimper.	for the
☐ Yes ☐ No	
I, the undersigned, confirm the accuracy of the information given in this form	
Date: Signature:	

