



**IMT Lille Douai**  
École Mines-Télécom  
IMT-Université de Lille

## ENROLMENT APPLICATION FORM 2021/2022

### AT IMT LILLE DOUAI

I the undersigned

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Name

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First names

Born on

----- in -----

City-Country

Sex

Female

Male

confirm my enrolment in

L3

M1

M2

at IMT Lille Douai.

At ----- on ----- / ----- / -----

Signature

## DOCUMENTS TO PROVIDE

- The assessment form of the candidate (document enclosed Annex 1)
- Detailed CV
- Letter from the applicant explaining his/her motivation to take part in the exchange programme at IMT Lille Douai and his/her objectives
- Photocopy of his/her diplomas
- Programme of the subjects studied
- Copy of the transcripts of the last 3 years
- Validated programme of the subjects the applicant wants to study at IMT Lille Douai (learning agreement)
- Photocopy of the student's card (the university of origin) or a certificate of attendance
- Medical certificate (being less than 6 months old) certifying that the candidate is in good health and has no disability
- 2 identity colour photos
- Birth certificate translated in French
- Copy of the passport (identity pages)
- Language certificate (French and English)

## INFORMATION ABOUT THE CANDIDATE

Nationality: \_\_\_\_\_

Mother tongue: \_\_\_\_\_ - working language: \_\_\_\_\_

Knowledge of the French language:    very good                      good                      average                      weak

- read                                                                                       

- written                                                                                       

- spoken                                                                                       

Number of hours of training in French: \_\_\_\_\_                      Diploma obtained: \_\_\_\_\_

Other languages and level: \_\_\_\_\_

## FAMILY INFORMATION

Father's SURNAME and first name: \_\_\_\_\_

Mother's SURNAME and first name: \_\_\_\_\_

Father's profession: \_\_\_\_\_

Mother's profession: \_\_\_\_\_

Parents' address:

N° \_\_\_\_\_ Street-Avenue \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail \_\_\_\_\_

## PERSON TO CONTACT IN CASE OF EMERGENCY

(accident, administrative reason...- to be filled if different from the parents')

SURNAME and first names: \_\_\_\_\_

N° \_\_\_\_\_ Street-Avenue \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal phone number \_\_\_\_\_

Professional phone number \_\_\_\_\_

## FOOD AND ACCCOMODATION

(the expenses are to be paid on the first day of the school year)

I would like to be accommodated during the 2021-2022 school year and to have all my meals at the Students' Residence

**YES**     

**NO**

## STUDENT'S PERSONAL ADDRESS DURING HIS/HER STUDIES

For students who are not staying at the students' Residence MDE

N° \_\_\_\_\_ Street-Avenue \_\_\_\_\_

Zip code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

E-mail \_\_\_\_\_

## GRANT

Do you have any grant:    yes             no

Origin of the grant: \_\_\_\_\_

Amount in Euros: \_\_\_\_\_

## CANDIDATE'S ACADEMIC RESULTS

Candidate's educational background:

Name of University	Country	School Year	Level of studies	Diploma obtained

Industrial placements or professional experiences:

Year	Type of activity or subject	Company	Country

At ----- on ----- / ----- / -----

Signature



**RECEIVING INSTITUTION**

We confirm that this proposed programme of study/learning agreement is approved

Departmental coordinator's signature	Institutional coordinator's signature
Status.....	Status.....
E-mail.....	E-mail.....
Tel.....	Tel.....

Name of student:  
.....

**CHANGES TO ORIGINAL PROPOSED STUDY PROGRAMME/LEARNING AGREEMENT**  
(to be filled in ONLY if appropriate)

Course unit code	Course unit title	Deleted course Unit	Added course Unit	Number of credits
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
.....	.....	<input type="checkbox"/>	<input type="checkbox"/>	.....

*if necessary, continue this list on a separate sheet*

Student's signature .....	Date:
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**SENDING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved

Departmental coordinator's signature	Institutional coordinator's signature
Status.....	Status.....
E-mail.....	E-mail.....
Tel.....	Tel.....

**RECEIVING INSTITUTION**

We confirm that the above-listed changes to the initially agreed programme of study/learning agreement are approved

Departmental coordinator's signature

Institutional coordinator's signature

Status.....

Status.....

E-mail.....

E-mail.....

Tel.....

Tel.....

Name of student:

.....



**CANDIDATE'S ASSESSMENT**

**To be filled by the Dean of studies or the service responsible for the student**

Candidate's surname: \_\_\_\_\_ First name: \_\_\_\_\_

I have known the candidate for \_\_\_\_\_ years (and) \_\_\_\_\_ months.

Please state the circumstances: \_\_\_\_\_

Please give your opinion on the candidate by ticking, in the chart below, the box corresponding to the appreciation.

NB: In a group of 100 students having the same level the candidate is ranked	Unsatisfactory	Satisfactory in the first 60	Good in the first 40	Very good in the first 25	Excellent in the first 25
A: Acquired knowledge					
B: Intellectual capabilities					
C: Motivation, dynamism					
D: Behaviour					
E: Attendance					
F: Research activity					
G: Ability to integrate and work in a team					
H: Knowledge of French					
- read					
- written					
- spoken					

Please add any further information you may find useful on the abilities and capabilities of the candidate regarding studies and research activities:

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**Name, first name and position of the person giving the appreciation:**

Name: \_\_\_\_\_ First name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature

Date

Official stamp

Please return the form to the following address:

IMT Lille Douai – Site de Douai

**Lynda NOLAN**  
**International Coordinator**

941 rue Charles Bourseul - CS 10 838  
F-59 508 DOUAI CEDEX – France

Tel: +33 (0)3 20 33 55 61 // +33 (0)3.27.71.20.61

@: [lynda.nolan@imt-lille-douai.fr](mailto:lynda.nolan@imt-lille-douai.fr)