



## SUMMER SCHOOL IN BUSINESS

La Rochelle Business School  
102, rue de Coureilles – Les Minimes - 17024 La Rochelle Cedex 1

### APPLICATION FORM

Ms  Mr

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

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

Photo

#### **PERSONAL DATA**

Date of birth (day / month / year): \_\_\_\_\_

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

Address : \_\_\_\_\_

Postcode: \_\_\_\_\_

City: \_\_\_\_\_

State (USA): \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

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

#### **ACADEMIC INFORMATION FOR STUDENTS**

Name of your home institution: \_\_\_\_\_

Country of your home institution: \_\_\_\_\_

Degree program currently enrolled in (specify area of study and number of years completed at university):

\_\_\_\_\_

Name of your Study Abroad Advisor, if any, or contact person in your Home Institution:

\_\_\_\_\_

Email address of Study Abroad Advisor:

\_\_\_\_\_

## **LANGUAGE SKILLS**

Mother tongue: \_\_\_\_\_

Have you ever studied French:     Yes                     No

If “yes”, please specify your level:             Beginner                     Intermediate                     Advanced

## **CHOICE OF STUDY PROGRAM**

TITLE	DATES	FEES	CHECK THE BOX	
			BACHELOR LEVEL	MASTER LEVEL
<b>Food &amp; Wine Management</b>	July 10th – July 26th	3350 €	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fashion Design &amp; Luxury Industry</b>			<input type="checkbox"/>	<input type="checkbox"/>

Accommodation in the residence “Les Estudines”

I register to this Summer School. I’ve read and accepted the registration conditions (see below)

Signature :

## **CONFIRMATION OF REGISTRATION**

Courses fees must be paid upon registration. Registration will be effective upon receipt of:

- The completed application form, with date and signature of student + University coordinator
- 1 standard passport photo
- TOEFL transcript (not less than 70) or an equivalent document that prove the student has a sufficient level to attend a business courses in English (not needed for American or Canadian People)
- Proof of payment
- Passport or ID copy
- Proof of insurance during the whole Summer School

## **MEANS OF PAYMENTS**

Please confirm the amount you must pay according to the session chosen :-----€

**Payments must be processed in Euros before May 15th 2018. All bank fees will be charged to the participants.**

- by international visa card / master card :**

Card Number : \_\_\_\_\_

Expiration date (month / year) : \_\_\_\_\_

Card Verification Code \* : \_\_\_\_\_

\* : three-digit number on the back of your credit card

Signature of the card holder :

- by wire transfer**

All bank fees are charged to the applicant. Please specify your name + title of Summer School on the wire transfer.

### **OUR BANK DETAILS:**

CREDIT AGRICOLE MUTUEL CHARENTE MARITIME DEUX SEVRES

Agence Entreprises La Rochelle / Résidence Agora – 16, rue Albert Einstein

BP 3015 / 17030 LA ROCHELLE CEDEX 1

Phone : 00-33-546281040

	Bank number	Agency number	Account number	RIB
RIB	11706	11034	41348001000	50
IBAN	FR76 1170 6110 3441 3480 0100 050			
B.I.C. (SWIFT)	AGRIFRPP817			

## **FEE PAYMENT**

All bank fees are the client's responsibility. The enrolment is only final when all sums due to La Rochelle Business School have been received in full at the latest on May 15<sup>th</sup> 2018.

A letter of registration will be sent by email to each participant once payment is received.

## **CANCELLATION**

The contracting party may send written notification of withdrawal by registered mail until 2 weeks before the beginning of the course. In this case, 10% of the paid amount will be retained by La Rochelle Business School. For less than a 2-week notice before course commencement, 50% of the due amount will be kept by La Rochelle Business School. Once the course has started, no refund will be made.

La Rochelle Business School may cancel a program if the number of participants does not reach a set minimum. Notification will be sent at least 2 weeks prior to the beginning. In this case, an alternative proposal will be offered or a refund of amounts paid will be automatically performed.

### **INSURANCE**

Before leaving his/her country, every student should take out an individual insurance covering all risks which may be encountered during the trip and stay (health/hospitalization/liability/travel).

### **AGREEMENT**

I accept the registration procedure and sales terms detailed above, and wish to sign up for the Study Program

Date: \_\_\_\_\_

Student's Signature:

Name of Coordinator: \_\_\_\_\_

Signature:

*Stamp of the sending  
institution  
(if applicable)*