

Application form 2019 - 2020 Exchange student (partner university)

Possible options for exchange students at ESTACA:

- 3rd year (Bachelor level): 1st semester or 2nd semester or both semesters
 4th year (Master level): 1st semester or 2nd semester or both semesters
- 5th year (Master level) : 1st semester
- AAD program in English (Bachelor and Master level) : 2nd semester
- Possibility to do one year: 1st semester of the 3rd year or 5th year and 2nd semester AAD program











1. Student Information		
Last Name / Surname:		First Name:
Gender: □ M □ F		Date of Birth (DD/MM/YYYY):
Place of birth (city and country):		Nationality:
Current address Street address: City: Zip / area code: Valid until:	State/Provinc Country:	e:
Permanent address: Street address: City: Zip / area code: Valid until:	State/Provinc Country:	e:
Phone (with area code):		Email:
Disablility : □yes □ no If yes, please indicate your disability:		
2. Home University		
Home university:		
Country:		
International Coordinator (outgoing students):		
Address Street address: City: Zip / area code:	State/Provinc Country:	e:
Telephone (with area code):		Email:
Year of study:		
Major of study (field of study):		

3. Plan studies at ESTACA

Choose from one of the yea (for the 5th year, you need to							
Program in FRENCH :	□ 3 rd year:	☐ 1 st semester	(FALL)	□ 2 nd seme	ester (SPRING)		
	□ 4 th year:	☐ 1 st semester	r(FALL)	□ 2 nd seme	ester (SPRING)		
Major: D	☐ Automotive	☐ Aeronautics	ΠА	erospacial	☐ Rail and Urban Transpo	rts	
	□ 5 th year:	☐ 1 st semeste	r (FALL)				
Specializations in 5 th year							
(choose only one of the follo	owing)		<u>Aeronaut</u>	<u>tics</u> :			
<u>Automotive</u> :			☐ Aerona	autic Architure	and Structures (Laval)		
☐ New Energies and Enviro	onment (SQY)		☐ Propul (Laval)	sion Systems	Integration and On-board Ene	rgies	
☐ Light Weight Vehicle (Lav	/al)		,	cs and Flight (Controls (SQY)		
□ Sustainable-Mobility (Lav	ral)			_	led Systems (Laval)		
☐ Automotive Embedded Systems (Laval)			☐ Operation and Maintenance (SQY)				
Rail and Urban Transports:			<u>Space</u> :				
☐ Conception of a Guided T nance for Rail and Urban Tr	•	and Mainte-	□ Satelli	te / ATV / Re-e	entry Vehicles (SQY)		
Options (within the s	pecialization):						
☐ System Design							
□ Operation and Ma	intenance						
Program in ENGLISH :	□ 5 th vear: 0	Operation and Ma	aintenance	Program in A	eronautics (FALL ONLY)		
Ü	•	· Embedded Lightir		-	,		
	·	ve and Aeronauti	0 ,	•	,		
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9 (,		
Campus: ☐ Paris-Saclay	⁷ □ Laval						
Would you like to attend Fre	ench language co	ourses for foreig	ners (FLE) (not included) : □ yes □ no		
Would you like to attend and	other language c	ourse (optional a	and only op	en for 3 rd and	4 th year - not open to beginner	rs):	
If yes please state which of the	he following: 🗆 (German I	□ Snanis	h 🗆	Chinese		



4. Academic Information

Please complete the table below about your previous higher education.

Main field of study: automotive, aerospace, mechanical, industrial, electrical/electronical

Year of study: (1st, 2nd...)

Main courses: indicate your majors among: mechanical Engineering (solid, fluid) / heat transfer / electronics / project Management / manufacturing management / marketing / other (specify)

Year	University (name and country)	Field of Study	Year of study	Main courses	Diploma / Degree obtained

5. Language Skills

Language	Level	Official test score (if taken) (ie: For English: TOEFL, TOEIC or IELTS For French: TEF, DALF or DELF)	Date taken
English	o beginner o intermediate o advanced		
French	o beginner o intermediate o advanced		

Please note: we encourage all our international students to take a French language course during their semester at ESTACA (unless the student is fluent).

6. Software skills (MATLAB, CATIA, AUTOCAD, PROENGINEER...)

* part to be completed only if you are applying to AAD Program (Automotive and Aeronautics Design)

Name	Number of hours	Level (beginner, intermediate, advanced)



7. Training i	n Design					
* part to be com	pleted only if you are applyin	g to AAD Progra	am (Automot	ive and Aeronautics	Design)	
Name		Number of hours		(Level (beginner, intermediate, advanced)	
						209
8. Industrial	Experience (internsh	ips, placem	ent, jobs)			
Year	Company	Se	ector	Position		Missions carried out
				l .		
9. Person to	contact in case of En	nergency				
Last Name / Surname:			-	First Name:		
Last Name / Surname:		'	iist ivaille.			
Relationship w	ith the applicant:					
<u>Address</u>						
Street address	:					
City: State			ate/Province:			
Zip / area code: Co						
Phone(s)				Email:		
Home (with area code):						
Work (with are						
vvoik (with ale	a 600 0 .					

ſ	now did you near about E31ACA?				
-					
_					

Cell Phone (with area code):



10. Documents required

- □ An official transcript from your current home university and all previous university studies
- □ A copy of your valid passport OR a copy of an EU ID card for EU citizens
- □ Cover letter
- □ Resume / CV
- □ Confidential recommendation form completed (see next page)
- □ A proof of language proficiency (except if mother tongue):
 - ▶ Program in French: TEF, DALF or DELF scores

▶ Program in English: TOEFL, IELTS or TOEIC scores

Student I certify that the information given in this application is true and complete. Name: Date: Signature: Official stamp:

In accordance with the General Data Protection Regulation, by signing this document, you consent to ESTACA to use your personal data for administrative, informative and statistics purposes, and you understand that you can withdraw your consent at any time. Your information will be kept for 10 years.

You have the right to access and rectify information about yourself. If you wish to exercise this right and obtain your information,

This application form must be returned by email to international@estaca.fr (no hard copy).

Deadline applications:

FALL: before May 1st SPRING: before October 15th

Contact for international students: international@estaca.fr +33 (0)1 76 52 11 93



CONFIDENTIAL RECOMMENDATION FORM

Student's name:
Professor's name:
Title:
University:
Department:
Length of time you have known the applicant: In what context?
2. Approximate relative class ranking (i.e. 5th out of a class of 30 students):
3. Of all the students you have instructed or advised at the applicant's level in the same field, how do you rate the applicant? Truly exceptional (a student who appears only infrequently) Outstanding: upper 5% (comparable to the best you have known) Superior: upper 10% (uncommon ability and motivation) Above average: upper 25% Average: upper 50% Below average: lower 50%.
4. Please indicate the applicant's 3 major qualities and any other comment you may find appropriate:
1.
2.
3.
Date: Signature:

