

Department of Modern Languages, Literatures and Cultures

Université de Bretagne-Sud

APPLICATION FOR ADMISSION

PERSONAL INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Gender Identity:</i>	<i>Date of Birth (DD-MM-YYYY)</i>
<i>MUN #</i>	<i>E-mail address:</i>		<i>ACADEMIC YEAR 20 ____</i>

CONTACT INFORMATION

LOCAL ADDRESS AND PHONE ☐ NOTIFY ME AT THIS ADDRESS

STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)

TOWN OR CITY

POSTAL CODE

TELEPHONE

CELL PHONE

PERMANENT ADDRESS AND PHONE ☐ NOTIFY ME AT THIS ADDRESS

STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)

TOWN OR CITY

POSTAL CODE

TELEPHONE

E-MAIL ADDRESS

PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED (PLEASE CHECK APPROPRIATE BOX)

☐ B.A. Honours (French)

☐ B.A. (Major in French)

☐ B.A. (Minor in French)

FRENCH COURSES THAT YOU HAVE TAKEN

COURSE	INSTRUCTOR	COURSE	INSTRUCTOR

FRENCH COURSES YOU ARE TAKING THIS YEAR

COURSE	INSTRUCTOR	COURSE	INSTRUCTOR

Every student who travels overseas with Memorial University must sign a waiver and a medical form. Reading and completing these forms is part of the decision-making process. Students who are accepted will also be required to attend a safety and security presentation. Before Submitting this application, you should be certain that you will have sufficient resources and will be able to make the necessary academic and personal arrangements to participate in this program if you are offered a place.

DATE AND SIGNATURE

Date	Signature
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Please submit completed forms by Noon, April 1 to:

**Department of Modern Languages, Literatures and Cultures
Science Building, 4026 or via e-mail to hobrien@mun.ca
Memorial University
St. John's, NL
A1B 3X9**