

## STUDENT MOBILITY ABROAD

### Application form 2012 – 2013

#### **Mobility within the framework of:**

(Tick the relevant choice)

**I – A study period in a partner school within the framework of the ERASMUS programme:**

**II – A personal project in France or abroad, or a study period in a school with which the ESBANM has no agreement:**

O.F.A.J (Office Franco Allemand pour la Jeunesse)	<input type="checkbox"/>
Specific project	<input type="checkbox"/>
CREPUQ (Québec/Canada)	<input type="checkbox"/>
CONCORDIA University - Montréal	<input type="checkbox"/>
TOKYO University of the Arts	<input type="checkbox"/>

**III – A work placement abroad:**

**IV – Mobility within the context of one of the “Projections”:**

N°1 : Santa Fé « secret, privé et sans règle »	<input type="checkbox"/>
N°2 : « Croisements numériques »	<input type="checkbox"/>
N°3 : « Le Domaine des études performées »	<input type="checkbox"/>
N°4 : «Open Sky Museum + Accident de Parcours » (suites et variations autour de « + de réalité »)	<input type="checkbox"/>
N°5 : « Marble and celluloïd »	<input type="checkbox"/>
N°6 : « TULIP HYSTERIA Voyage à Nantes 2012 »	<input type="checkbox"/>
N°7 : « Voyageurs immobiles De Xavier Maistre à Mars 500 »	<input type="checkbox"/>
N°8 : « Peinture, extension du domaine »	<input type="checkbox"/>
N° 9 : « Projection Chine »	<input type="checkbox"/>

## **IDENTIFICATION SHEET**

SURNAME	
FIRST NAME	
PLACE OF BIRTH	
NATIONALITY	
COMPLETE PRIVATE ADDRESS	
LANDLINE TELEPHONE NUMBER	
MOBILE TELEPHONE NUMBER	
E – MAIL ADDRESS AT ESBANM	
PERSONAL E – MAIL ADDRESS	
YEAR OF STUDIES (2011 – 2012)	
« SITUATION » S3 (2011 – 2012)	
« SITUATION » S4 (2011 – 2012)	

## **DESTINATIONS REQUESTED**

	Name of the host institution, town and country
Choice N°1	
Choice N°2	

## **COURSES CHOICE**

	Department in the host institution
School N°1	
School N°2	

	« Situation » corresponding at ESBANM
School N°1	
School N°2	

## **STATEMENT OF YOUR MOBILITY PROJECT**

Use the layout which suits you best, but try to keep to the following headings:

*Project title - Project aim(s)*

*Intended project content*

*Stages intended for the project*

*Intended means of the project and Justification of the choice of the destination, linked to the project*

### **Validation du choix de l'établissement, en adéquation avec le projet artistique de l'étudiant**

***Cette validation concerne uniquement les candidatures Erasmus***

<b><u>Patricia SOLINI</u></b>  Enseignante Et Coordinatrice ERASMUS	Date	Signature

### **Aide à l'élaboration du dossier de mobilité**

***Cette validation concerne les candidatures hors programme Erasmus***

<b><u>Rozenn LE MERRER</u></b>  Directrice Adjointe des Etudes	Date	Signature

## **MOBILITY PERIOD ABROAD**

<b>Choice and dates of the period of the mobility</b>	
Semester or trimester 1	
Semester or trimester 2	
Trimester 3	
Semesters or trimesters 1 et 2	
Trimesters 1, 2 et 3	
Other dates	

## **FOREIGN LANGUAGES**

- How would you assess your level in foreign languages?

<b>foreign languages</b>	<b>Beginner's level</b>	<b>Intermediate level</b>	<b>Advanced level</b>
English			
Deutsch			
Spanish			
Italian			
Others			

- Have you passed an officially recognised foreign language test?

YES  Please give the name of the test and the results obtained:

NO

- Would you like to follow foreign language classes during your stay at host institution?

YES  NO

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- If you study abroad within the framework of the Erasmus programme, would you like to follow Intensive Erasmus Language Courses (IELC) – These courses take place before your study period abroad. They aren't proposed in the countries below : Espagne, Allemagne, Autriche et Grande – Bretagne - [http://ec.europa.eu/education/programmes/llp/erasmus/eilc/index\\_en.html](http://ec.europa.eu/education/programmes/llp/erasmus/eilc/index_en.html)

YES  NO

## **HEALTH**

If you think it necessary, please tell us about any physical disability or about any special needs that you may have in relation to any medical problems:

Person to contact in case of emergency:

Name and surname	
Address	
Téléphone number	
Mail address	

You must forward, **by e-mail, and in PDF format**, this application form and the other documents below to Hubert Bernier (Pôle Mobilité – 1<sup>er</sup> étage – Bât C) – [hubert.bernier@nantesmetropole.fr](mailto:hubert.bernier@nantesmetropole.fr), not later than one week before the date of the CPSVE:

1. A statement letter
2. A digital portfolio,
3. A recommendation letter from a teacher of the ESBANM,
4. A curriculum vitae,

## **DEADLINES (2012) TO APPLY TO MOBILITY ABROAD**

CPSVE: February 14  
CPSVE: March 27  
CPSVE: April 24

DEADLINE: February 7  
DEADLINE: March 20  
DEADLINE: April 17

CPSVE: May 29  
CPSVE: June 26

DEADLINE: May 22  
DEADLINE: June 19

## **DECISION**

I hereby declare that the information given above is true and that I agree to abide by the rules of the host institution	Date	Signature
<b><u>Student's surname and first name</u></b>		

<b>Pedagogic and Scientific Committee of the Life Student of the ESBANM</b>		
Avis du CPSVE (accepted, refused or postponed):		
<b><u>Pierre – Jean GALDIN</u></b>  Directeur	Date	Signature

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NANTES METROPOLE

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