



CENTRE D'ÉTUDES FRANCO AMÉRICAIN DE MANAGEMENT

INTERNATIONAL SCHOOL OF BUSINESS AND MANAGEMENT - LYON AND USA

APPLICATION FOR CEFAM'S STUDY ABROAD PROGRAM

Personal Information

Last Name _____ First Name _____ Middle Name _____

Male Female Date of Birth _____ day/month/year

Street Address _____

Zip Code _____ City _____ Country _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

Country of Birth _____ Country of Citizenship _____

Application

Term you wish to enter:

Fall _____

Spring _____

Summer _____

Academic

Please indicate your Major _____

Please indicate your Minor _____ (if any)

List all colleges you have attended, with current or most recent college first

COLLEGE	CITY	COUNTRY	FROM	TO
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



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List all courses in which you wish to register at CEFAM

Four sets of horizontal lines for listing courses.

Emergency Contact

Contact's Full Name _____

Relationship to the student _____

Street Name _____

Zip Code _____ City _____ Country _____

Phone _____

Email Address _____



Please indicate any disabilities or medical conditions

Four horizontal lines for indicating disabilities or medical conditions.

On a separate sheet of paper, please submit a typed personal statement describing yourself and your career goals.

SIGNATURE OF APPLICANT: I CERTIFY THAT I HAVE COMPLETED THIS APPLICATION PERSONALLY AND THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE AND TRUTHFUL.

Signature _____

Date _____