



APPLICATION FOR SHORT-TERM PROGRAMS

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 _____

List all secondary and tertiary schools you have attended, with current or most recent first

SCHOOL	CITY	COUNTRY	FROM	TO
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What is your entry term of interest? _____

How did you learn about CEFAM's short-term programs? _____

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

ADDITIONAL ITEMS TO COMPLETE THIS APPLICATION:

1. Copy of Passport
2. Official ADA Transcripts
3. Copy of Secondary Credential
4. English Language Exam Results (IELTS or TOEFL)
5. CV

PLEASE EMAIL APPLICATION MATERIALS TO Rachel Stowe, Director of International Enrollment, at **rachel.stowe@cefam.fr**

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