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## 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 \_\_\_\_\_

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**Application :**

Term you wish to enter :

- Fall \_\_\_\_\_
  - Spring \_\_\_\_\_
  - Summer \_\_\_\_\_
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List all secondary and tertiary schools you have attended, with current or most recent first

SCHOOL	CITY	COUNTRY	FROM	TO

What is your entry term of interest? \_\_\_\_\_

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

List all courses in which you wish to register at CEFAM ?


## Emergency Contact

Contact's Full Name \_\_\_\_\_

Relationship to the student \_\_\_\_\_

Street Name \_\_\_\_\_

Zip Code \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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Please indicate any disabilities or medical conditions

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### 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