



**MISSION**  
**INTERUNIVERSITAIRE DE**  
**COORDINATION DES**  
**ECHANGES**  
**FRANCO-AMÉRICAINS**

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**APPLICATION FOR MICEFA EXCHANGE PROGRAM**

(Include photo with application)

Home University.....

Date of application (dd/mm/yy).....

Academic year for which you are applying:.....

Full academic year                      . Fall only  
 Summer only                              Spring only

Field of Study at Home University.....

Planned field of study or research in host institution.....

**Student Status** (Please Check)

<b>FRANCE</b>	<b>USA</b>
DEUG, DUT	Junior
Licence	Senior
Maîtrise	Master's
DEA	Ph.D.
Doctorat	Post Doc.

**For medical students only<sup>(1)</sup>:**

<b>FRANCE:</b>	DCEM 1 2 3 4	Intern	PHARM 4 5
<b>USA:</b>	Med. 1 2 3 4 5	Resident	

Expected date of completion of degree.....

1. Full legal name: .....

Male                      Female                      Single                      Married

2. Date and place of birth:.....

3. Current mailing address: .....

.....

4. Permanent mailing address: .....

.....

Daytime telephone number:.....

Permanent telephone number:.....

E-mail address:.....

5. Country of citizenship:.....Native language:.....

<sup>(1)</sup> Please circle or check

6. Secondary education: *list secondary and preparatory schools attended*

School	Location	Years attended	Graduation year

7. College and University education: *list all institutions attended including summer schools (official transcripts from each are required)*

Institution	Location	Year attended	Field of concentration	Degree (received or expected)

8. Employment experiences since secondary school, including part-time jobs:

Employer	Job description	Dates

9. List academic honors, prized and honorary scholarships you have received:

.....  
 .....  
 .....

10. School, department/program of studies in host institution:

.....

- Liberal Arts
- Sciences
- Engineering
- Business Administration
- Medicine
- Other .....

11. If possible, please describe the types of courses, research, or clinical clerkship you hope to pursue:

.....  
 .....  
 .....  
 .....  
 .....

12. Who will be writing letters of recommendation on your behalf?

Name	Department/position	Institution

13. Language background: English                      French                      Other .....

Language test scores: TOEFL Test ..... Other.....

spoken:	poor	fair	good	very good	excellent
written:	poor	fair	good	very good	excellent

14. French University(s)/schools of your choice (only for American students):

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.....

15. Funding: how do you intend to finance yours studies?

Personal funds                      T.A./R.A. Position                      Scholarship

16. If you do not obtain funding, will you have to withdraw your candidacy? Yes                      NO

17. Statement of purpose: write a concise statement concerning your past work in your intended field of study and in related fields. Your plans for graduate study abroad and your career objectives. Do not simply repeat statements already provided. Try, for example, a different and more personal perspective, but be as specific as possible (if additional paper is required, note your full name on each sheet and attach to this page).

**To be approved by:**

Institution designated official .....

Title .....

Date .....

Signature and seal

## STATEMENT OF PURPOSE

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I certify that the information provided herein is complete and accurate. I acknowledge that I am not applying for a degree status.

Signature

Date