

**APPLICATION FORM – ACADEMIC YEAR 2024-2025
FOOD AS MEDICINE**

SEND TO: incoming@unilasalle.fr
DEADLINE: March 03, 2025

STUDENT INFORMATION (PLEASE PRINT):

First name(s) :

LAST name(s):

Date of birth (D, M, Y):

City / Country:

Nationality:

Native language:

Current address:

Street & number:

City: Postal code:

Country:

Preferred e-mail:

Phone number:

Person to contact in case of emergency (name, phone number and e-mail address):

Contact person to send the transcript of records (*if different from contact above*) (name, tel., fax, e-mail address, faculty)

Health information:

- Do you have a chronic condition other than food-related?

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- Do you have any allergies, including food allergies?

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- Do you have any dietary restrictions based on cultural or religious reasons?

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Dietary restrictions for cultural or religious reasons:

French cuisine has been declared “world intangible heritage by” UNESCO. It is based on a variety of fresh, seasonal ingredients that include meat (including pork and poultry), shellfish, (non-pasteurized) dairy products, soy, nuts and alcohol.

Please be aware that during this program, and especially during a restaurant internship, you will be expected to work with recipes that may contain these food items.

I have read and understand the above statement and agree to abide by its terms while I am participating in the short program.

Signature:

ACADEMIC INFORMATION (PLEASE PRINT) :

Home university (full name):

Erasmus+ code (for European Universities):.....

Faculty / College:

Institutional contact person at home university (name, tel., e-mail address, department):

Last degree obtained (name, year, level and location):

Current major and -minor in your home university:

Current year at time of application and cumulative GPA:

Have you studied in France before? Yes No

If yes:

- Academic institution & Town:
- Degree/Major:
- Dates:

LANGUAGE SKILLS:

FRENCH: Advanced Intermediate Basic none

OTHER: Advanced Intermediate Basic none

ESL TEST SCORE: (If applicable):

OTHER RELEVANT SKILLS:

International Driving License: YES NO

PLEASE JOIN THESE ADDITIONAL DOCUMENTS:

- Learning Agreement** - Duly completed & signed by both your home coordinator and yourself)
- Unofficial transcript** of records for the last 2 years (in English or French)
- For **non-native speakers of English**: proof of English language proficiency:
 - **proof** of at least two years of study entirely taught in English within the last three years
 - **OR**: 90 TOEFL IBT (or an equivalent test result)

- 1 résumé** (Curriculum Vitae)
- A personal statement** of interest: what motivates you to come to this program? If applicable, what do you expect from a work placement? (250-words)

- 1 copy of passport ID page** (the one with your picture)
- 1 photo – ID format** for your future student card

- Proof of international Health Insurance coverage**
 - For non-European students, you have to subscribe a special health insurance in your country covering you during your whole stay in France.
 - For European students, you need to send us a copy of your European Health Insurance Card.

- Proof of Liability Insurance coverage**
 - Students must show proof of personal liability insurance in their home country. A liability insurance covers the student against property damage or bodily injury that they may be held legally responsible for. A liability insurance is usually included in a home owner's or renter's insurance plan.