

Application form – Student mobility outside Europe

PERSONAL INFORMATION	
Last name :	First name :
Date of Birth :	Place of Birth :
Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality :
E-mail :	
Phone :	
Permanent home address :	

ACADEMIC INFORMATION
Name of your home institution:
Country :
Current field of study :
Current Faculty :
Current Level of study:
Current average grade:

DESIRED MOBILITY IN LYON 1
Study period: 1 st semester (Fall) <input type="checkbox"/> 2 nd semester (Spring) <input type="checkbox"/> Academic year <input type="checkbox"/>
Level of study in 2026-27: 3 rd year <input type="checkbox"/> Master 1 <input type="checkbox"/> Master 2 <input type="checkbox"/> Other <input type="checkbox"/>
Field of study (Offre de formation - Lyon 1):
Faculty at Lyon 1 during your mobility Choisissez un élément.
Language: The level B2 in French is required (please enclose a certificate) <input type="checkbox"/> A1 <input type="checkbox"/> A2 <input type="checkbox"/> B1 <input type="checkbox"/> B2 <input type="checkbox"/> C1 <input type="checkbox"/> C2

- If you are in **health studies**, other documents may be requested by the [International Relations Office](#).
- For **medical studies**, a specific application form is available on the website of the Faculties of Medicine in the "International" section : [Médecine Lyon Est](#) or [Médecine Lyon Sud](#).

CONTACT AT YOUR HOME INSTITUTION

Last name and first name:

Function :

E-mail :

Phone :

EMERGENCY CONTACT

Last name and first name:

Relationship :

E-mail :

Phone :

I, the undersigned :

- Wish to participate in an exchange at Lyon 1, co-organized with my home institution, which involves the transfer of my personal data between the two institutions: the attachments to this application, the transcripts obtained following this exchange, etc.
- Authorize Lyon 1 to disclose to the competent authorities, if necessary, any information likely to facilitate the issuance of the necessary permits for my entry and stay in France.
- Commit to respecting the regulations in force at Lyon 1.
- Declare that the above information is complete and accurate.

Signature:

Date:

LEARNING AGREEMENT IN LYON 1

To assist you in the creation of your learning agreement, you can contact the International Relations Office of the Faculty concerned: [Bureaux Relations Internationales - Lyon 1](#)

Last Name	First Name	Home Institution
Level of study at Lyon 1: <input type="checkbox"/> Licence (Bachelor/Undergraduate) <input type="checkbox"/> Master (Graduate)		
Name of the projected program of study at Lyon 1 and name of the Faculty (<i>Consult the current list of courses and select courses from the same faculty: Offre de formation</i>)		

Please indicate a maximum of 10 courses per term by order of preference (courses must be from the study program indicated above)

FALL			SPRING		
Course Code	Course Title	Number of Credits (ECTS)	Course Code	Course Title	Number of Credits (ECTS)

ACADEMIC TUTOR AT YOUR HOME INSTITUTION

I acknowledge the following:

- This Learning Agreement is preliminary; course registration will only be finalized after admission to the exchange program and with the Lyon 1 academic advisor.
- Have validated the proposed study plan as indicated above.

Signature of the student

Signature of academic advisor at home university



To submit your complete application,
please attached in one PDF the following documents

1. This **signed application form** (page 2)
2. The **list of courses you would have taken in your home institution** during your mobility at Lyon 1
3. The **list of courses you wish to take at Lyon 1** approved by the competent authority (*page 3*)
4. Your **official transcripts since you have been enrolled in higher education** (*current year included if available*)
5. A **certificate of knowledge of the French language** (*B2 level minimum*)
6. A **CV** (one page maximum) and a **cover letter**.
7. A copy of the **identity page of your passport**.