

# APPLICATION FOR ADMISSION WINTER 2013

# Summer Programme in Entrepreneurship and Innovation January 7- 18, 2013

Please fill in this form <u>in black ink and in block letters</u> as carefully as possible, apart from the grey parts.

This application form and supporting documents should be sent back by  $13^{th}$  November, 2012.

Personal Details		
FAMILY NAME:		
FIRST NAME:		photograph
NATIONALITY:		
NAME OF HOME UNIVERSITY IF APPLICABLE:		
Gender:	F	
Date of birth: PI	ace of birth:	
Official use only:	Mode of recruitment and conto	icts:
UP / non UP		
Single/double accommodation	Application received on:	
Student number:	Total fees:	

Professional Status:				
Residential Address	:			
Postal code (if appli	cable):	City:		
Country:				
Postal Address (if di	fferent from the reside	ential address):		
Postal code (if appli	cable):	City:		
Country:				
Home Phone Numb	er:	Cell Phone:		
Preferred e-mail Ad	dress:			
ACADEMIC BACKGROU	ND			
<u>University</u> <u>Ed</u>	<u>ucation</u>			
LINUVEDCITY	DEGREE	MAJOR	HONORS	VEAD
UNIVERSITY	OBTAINED	SPECIALISATION	RANK OR GRADE	YEAR
			<u> </u>	
<u>Secondary</u> <u>Ed</u>	lucation			
SCH	IOOL	DEG	REE	YEAR
				1

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Maternal language(s):
Language of instruction at home university (if different from above):

Foreign Languages: (please indicate your level of fluency in the categories indicated)

1: fluent

2: very good

3: average

4: poor

LANGUAGE	READ	WRITTEN	SPOKEN
French	1-2-3-4	1-2-3-4	1-2-3-4
English	1-2-3-4	1-2-3-4	1-2-3-4
	1-2-3-4	1-2-3-4	1-2-3-4

# **PROFESSIONAL EXPERIENCE**

DATE	COMPANY	POSITION HELD	TASKS ASSIGNED TO YOUR POSITION

# **TRAINING PERIODS AND TEMPORARY JOBS**

DATE	COMPANY	POSITION HELD	TASKS ASSIGNED TO YOUR POSITION

INTEREST AND MOTIVATION FOR THE PROGRAMME
LIST THE COURSES IN ENTREPRENEURSHIP AND INNOVATION THAT YOU HAVE STUDIED SO FAR
MEDICAL CONDITION: PLEASE LET US KNOW OF ANY MEDICAL CONDITION THAT MAY AFFECT YOUR STAY AT BURGUNE SCHOOL OF BUSINESS
PERSON TO CONTACT IN CASE OF EMERGENCY
NAME:
RELATIONSHIP TO YOU:
PHONE NUMBER:

How did you hear about Burgundy School of Business?	
□ Presentation	
Place Date	
□ Ads – Posters – Press	
Place	
□ University	
□ Personal contacts	
□ BSBU website	
□ Other	
COSTS	
COSIS	
1. PROGRAMME F	EES
Two rates of programme fees for the 2013 Entrepreneurship	, Creativity and Innovation programme
apply:	
<ul> <li>Students currently registered in one of Burgundy School</li> <li>Students not registered in one of Burgundy School of Burgundy</li> </ul>	·
This includes tuition fees, cultural visits, a welcome and a farew	ell dinner and the award of a completion
certificate. This does not include accommodation.	
2. ACCOMMODATIO	N FEES
Accommodation: students can either stay in a single or in a doub	ole room
Accommodation in a single room including breakfas	t and taxes: €740
Accommodation in a double room including breakfa	ast and taxes: €480
My registration is as follows (please tick only one box per line):	
□ Programme fees of: €1,550	Programmes fees of €2,050
□ Accommodation in single room: €740  □	Accommodation in double room: €480

# PAYMENT TO BE INCLUDED AT THE TIME OF THE APPLICATION:

Please indicate	which method of payment you have chosen:
	I will pay € covering the programme fees of € and accommodation fees of € by including a cheque, payable to "Groupe ESC Dijon Bourgogne"
	I will pay € covering the programme fees of € and accommodation fees of € by bank transfer to the following account IMPORTANT! Your first and last names 8 the programme you apply for should be given as references while making the transfer.
Name and addr	ess of the bank: LE CREDIT LYONNAIS
	18 rue de la République
	69002 LYON
Account Holder	: CCI Côte d'Or / Groupe ESC Dijon Bourgogne
	BP 50608
	21006 DIJON Cedex
BIC/SWIFT:	CRLYFRPP
IBAN:	FR08 3000 2025 5500 0006 0265 F43

#### **DECLARATION**

I am aware of the extent of the programme fees associated with studying on the Entrepreneurship, Creativity and Innovation short-term programme for which I am applying and I am able to meet all these expenses. I certify that the information that I have provided on this application, and on all other admission application materials, is **complete**, **accurate** and **true** to the best of my knowledge. I understand that misrepresentation of any information may result in cancellation of the application or registration, with no refund of any fees possible. I understand that programme and accommodation fees will only be refunded in case of visa refusal.

Date:	Signature:
Please check yo	ou have enclosed the following documents:
	Completed application form
	Original registration certificate from your home university to be entitled to the partner university rate
	Copy of passport
	Proof of medical coverage while in France (visits to general practitioners, hospitalisation
	and rapatriation)

Please return application to with supporting material to:

### **Nathalie CUREAU**

Groupe ESC Dijon Bourgogne International Office 29, rue Sambin F - 21000 DIJON

## Contact

Tel: +33 (0)380 725 979

e-mail: nathalie.cureau@escdijon.eu

Fax: +33 (0)380 725 888

Skype: nathalie.cureau.escdijon

website: www.bsbu.eu