



APPLICATION FORM

Please clearly print all information and send your form **by email** to : secretariatsup@collegesevigne.fr

Conditions of registration :

- minimum age : 18
- valid passport

1. Personal Information

Mr Mrs Ms

Last Name : First Name :

Date of birth :

Citizenship : Languages spoken :

2. Current Address

Number : Street :

City-State : Country :

Zip Country Code :

Phone :

Cell Phone :

Email address :

COLLÈGE SÉVIGNÉ

Higher Education institution

39 rue Henri Barbusse - 75005 PARIS

Phone : +33.153.190.748

3. Academic record

Your College or graduate institution :

Location :

Degree :

Your level in French : Please self-assess using the Common European Framework of Reference for Languages (CEF) and indicate your level for each : [CEF](#)

- Listening :	- Spoken Production :
- Reading :	- Writing :
- Spoken Interaction :	

Housing preference :

Private room in Residence Hall in center of Paris

Private room in French family's home in center of Paris

5. Payment and deadlines

You may pay the full tuition of € 2950 at any time.

Or

€ 950 deposit due by February 15 + € 2000 Balance (= € 2950 - € 950) due by May 30

Your enrollment is not definitive until full payment is received

COLLÈGE SÉVIGNÉ

N° IBAN FR38 3000 2004 9800 0000 5177 G03

BIC (SWIFT address) : CRLYFRPP

Bank certification : CL PARIS Luxembourg 00498

6. Documents to submit

What to submit	Checked by the student	Checked by the secretary
Photo ID		
<ul style="list-style-type: none">• Official copy of all post-secondary degrees/certificates.• Certified English translation for transcripts/academic records not issued in English or in French.		
Copy of bank transfer payment - transaction receipt		
Brief letter of interest		
Letter of recommendation		

Last Name First Name

Signature Date

The Director of the Service
Po/La Directrice Générale

Jean-Pierre de Giorgio

