Department of Modern Languages, Literatures and Cultures							
Université de Bretagne-Sud							
APPLICATION FOR ADMISSION							
Personal Information							
Last Name	First Name	🗌 Male	Female	Date of Birth (DD-MM-YYYY)			
MUN #	E-mail address:			ACADEMIC YEAR 20			
CONTACT INFORMATION							
LOCAL ADDRESS AND PHONE			NOTIFY ME AT THIS ADDRESS				
STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)							
TOWN OR CITY POSTAL CODE			Telephone Cell phone				
PERMANENT ADDRESS AND PHONE			NOTIFY ME AT THIS ADDRESS				
STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)							
Town or City	Postal Code		TELEPHONE				
E-MAIL ADDRESS							
PROGRAM IN WHICH YOU ARE CURRENTLY ENROLLED (PLEASE CHECK APPROPRIATE BOX)							
B.A. Honours (French)							
 B.A. (Major in French) 							
B.A. (Minor in French							

FRENCH COURSES THAT YOU HAVE TAKEN						
Course	INSTRUCTOR	Course	INSTRUCTOR			
	NCH COURSES YOU ARE					
Course						
COURSE	INSTRUCTOR	COURSE	INSTRUCTOR			
			sity must sign a waiver and a			
			f the decision-making process.			
Students who are accepted will also be required to attend a safety and security presentation. Before Submitting this application, you should be certain that you will have sufficient						
resources and will be able to make the necessary academic and personal arrangements to						
participate in this program if you are offered a place.						
Date and Signature						
Date		Signature				
Please submit completed forms by Noon, October 1 to:						
Department of Modern Languages, Literatures and Cultures General Office, Science Building Room 4023						
Memorial University St. John's, NL						
A1B 3X9						