

*Department of Modern Languages, Literatures and Cultures*  
*Canadian Third Year in Nice Exchange Program*

**APPLICATION FOR ADMISSION**

**PERSONAL INFORMATION**

|                  |                        |   |                                   |
|------------------|------------------------|---|-----------------------------------|
| <i>Last Name</i> | <i>First Name</i>      | <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i> | <i>Date of Birth (DD-MM-YYYY)</i> |
| <i>MUN #</i>     | <i>E-mail address:</i> |   | <i>ACADEMIC YEAR 20 ____</i>      |

**CONTACT INFORMATION**

(Please indicate where to send notification after April 30<sup>th</sup>)

**LOCAL ADDRESS AND PHONE**  NOTIFY ME AT THIS ADDRESS

*STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)*

|                     |                    |                                       |
|---------------------|--------------------|---------------------------------------|
| <i>TOWN OR CITY</i> | <i>POSTAL CODE</i> | <i>TELEPHONE</i><br><i>CELL PHONE</i> |
|---------------------|--------------------|---------------------------------------|

**PERMANENT ADDRESS AND PHONE**  NOTIFY ME AT THIS ADDRESS

*STREET ADDRESS (INCLUDING APARTMENT NUMBER, IF NECESSARY)*

|                     |                    |                  |
|---------------------|--------------------|------------------|
| <i>TOWN OR CITY</i> | <i>POSTAL CODE</i> | <i>TELEPHONE</i> |
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*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**

| <i>COURSE</i> | <i>INSTRUCTOR</i> | <i>COURSE</i> | <i>INSTRUCTOR</i> |
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**FRENCH COURSES YOU ARE TAKING THIS YEAR**

| <i>COURSE</i> | <i>INSTRUCTOR</i> | <i>COURSE</i> | <i>INSTRUCTOR</i> |
|---------------|-------------------|---------------|-------------------|
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***Every student who travels overseas with Memorial University must sign a waiver and a medical form. Reading and completing these forms is part of 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**

|             |                  |
|-------------|------------------|
| <i>Date</i> | <i>Signature</i> |
|-------------|------------------|

Please submit completed forms by Noon, January 31 to:

**Department of Modern Languages, Literatures and Cultures**  
**General Office, Science Building Room 4023**  
**Memorial University of Newfoundland**  
**St. John's, NL**  
**A1B 3X9**