

Date:  

2024 Summer session - Application form -

Name of university	ABC UNIVERSITY	Financial Agreementにサインされる方(大学の責任者の)	本プログラムで実際にCampus Franceパリ 本局とご連絡と取っていただく方 (委託業者の方でもOK)
Address of university			

Signatory	FAMILY NAME	First name	Mr/Ms	Title
	IIDABASHI	Taro	Mr	Director, Student Global Mobility office

Contact person	FAMILY NAME	First name	Mr/Ms	Title	E-mail
	ICHIGAYA	Hanako	Ms	Bonjour mobility center (Travel Agent)	hanako.ichigaya@bonjour.co.jp

Participants in the summer session*		(exactly as in passport)		Mr/Ms	Date of birth (dd/mm/yyyy)	E-mail	Allergy if any *2	Smoking/Non smoking*	If Schengen visa needed, note the nationality
		FAMILY NAME	First name						
1	CUEF-Homestay	MINATO	Taro	Mr	11/12/2003	minato.taro@campusfrance.org	Cats	Non Smoking	
2	CUEF-Dormitory	YAMADA	Hanako	Mr	07/05/2003	yamada.hanako@campusfrance.org			
3	CIEF-Homestay	CHAN	Han	Mr	07/07/2003	chan.han@campusfrance.org			Schengen Visa (CHINA)
4									
5									
6									
7									
8									
9									
10									

シェンゲンビザが必要な国籍かどうかはFrance Visa  
でご確認いただけます。

\*1 Select from the list.

\*2 One(s) with physical symptoms only. Disliking problems are not to be mentioned.