



APPLICATION FORM - EURARCHAL MASTER CERTIFICATION (1st year)
Academic year 2024-2025

1 – PERSONAL DATA

Last Name:

First Name:

Date and place of birth:

Nationality:

Enrolled in Master (1st year) at the University:

- Paris 1 Panthéon-Sorbonne
- INALCO
- Freie Berlin
- Complutense Madrid
- Alma Mater Studiorum Bologna

Are you a scholarship holder? Yes No / If yes, from which institution:

2 – CONTACT DETAILS

➤ Address:

Postal/Zip code:

City:

Country:

➤ Telephone number:

➤ Institutional e-mail address:

➤ Personal e-mail address:

3 – YOUR UNDERGRADUATE / BACHELOR'S DEGREE

University:

Graduation Year:

Field of specialisation:

4 – DATE AND SIGNATURE OF THE APPLICANT

Date:

Signature:

