

**MASTER IN ADVANCED EUROPEAN AND INTERNATIONAL STUDIES
Anglophone branch**

APPLICATION FORM

Academic year 20... / 20...

1. PERSONAL INFORMATION

SURNAME (use capital letters):

First name (use capital letters):

Nationality:

Male / Female:

Date and place of birth:

Single – married:

Father's profession:

Mother's profession:

Current address:

Address:

Zip or postal code: City:

Country: E-mail:

☎ : Fax:

Permanent address or parent's address:

Address:

Zip or postal code: City:

Country: E-mail:

☎ : Fax:

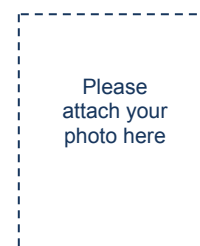
Future address (if already known):

Address:

Zip or postal code: City:

Country: E-mail:

☎ : Fax:



2. GENERAL INFORMATION

yes no

Are you currently registered with the French National Health Service?

Have you ever been registered with the French National Health Service?

If you answered yes to the previous question, please indicate your registration number :

How did you learn about IEHEI and its postgraduate study programmes?:.....

3. ACADEMIC DATA

University education in the last five years:

Academic year	University	Type of studies
..... -		
..... -		
..... -		
..... -		
..... -		

Date of high school diploma:
 University degrees:

.....

List any papers, articles or books you have published:

.....

4. COMPLEMENTARY INFORMATION

Give a brief outline of your intended career plans:

.....

Please list your work experience (internships, projects, etc.):

.....

Present employment (if any):

.....

5. KNOWLEDGE OF LANGUAGES

Mother language:

ENGLISH	fluently	easily	with difficulty
reading			
writing			
speaking			
comprehension			

Other languages known and level of knowledge:

.....
.....
.....

Documents enclosed (in English)

1. Curriculum Vitae
2. Letter of Motivation
3. Copy of your original University degree(s) + certified copy of the English translation
4. Transcript of records + certified copy of the English translation
5. List and summary of research papers written as part of your University degree(s)
6. Two letters of recommendation written in English preferably by recent professors or supervisors, to be sent in sealed envelopes or by e-mail
7. Copy of a valid English language test: TOEFL (CBT \geq 213 or IBT \geq 82) or IELTS \geq 6,5 or BILET (Bilgi English test) \geq 70
8. Copy of an additional admission test: GRE (Graduate Record Examinations) (quantitative) \geq 610 or GMAT (Graduate Management Admission Test) \geq 450, or ALES (verbal or equal weight) \geq 55.

I declare, upon my honour, that this information is correct and complete

Date : Signature :

Please return this form

(via mail or Email) with all the above mentioned documents to :

Institut Européen des Hautes Etudes Internationales

Admissions Team – Anglophone branch

10 avenue des Fleurs

06000 NICE - France

Email : dheei@cife.eu – ☎ : +33 (0)4 93 97 93 70 - Fax : +33 (0)4 93 97 93 71

Students based in Turkey can contact :

Mr Emre GÜR – Institut Européen des hautes Etudes Internationales
Istanbul Bilgi University – Dolapdere Campus – Kurtulus Deresi Cad. No:47
34440 Dolapdere Istanbul / Turkey
Email : emre.gur@bilgi.edu.tr - ☎ Mobile : +90 (0)533 330 92 42

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REGISTRATION FORM

2010 / 2011

NAME : _____

First name(s) : _____

I attach herewith my application to the Institut Européen des Hautes Etudes Internationales for the academic year 2010/2011.

I have carefully reviewed the application, which I have personally completed, and declare that the information given is correct in all respects.

If my application is accepted :

I undertake to pay the study fees of **8 000,- euros**

I am not able to pay in full the fees of **8 000,- euros**

I have already applied / I will apply for a grant from the following organisations :

In case you wish to apply for a fellowship to C.I.F.E. please refer to http://www.iehei.org/dheei/bourses_en.htm

Date :

Signature :