

STUDENT REGISTRATION FORM

2017/2018 Academic Year

FIRST NAME :

Last Name :

Initials :

Date and place of birth :

Nationality :

Marital status :

Male or female :

National number :

Home address (+zip + city) :

Student address (+zip + city) :

Home phone :

Cellphone :

E-mail :

Studies / Degrees, attestations or other activities:

2016-2017 :

2015-2016 :

2014-2015 :

2013-2014 :

2012-2013 :

ARTS² REGISTRATION :

Department : ☐ VISUAL ARTS

☐ MUSIC

☐ THEATRE

Degree / Option :

The undersigned acknowledges having received a copy of the Regulation of Studies, the Regulation of the admission test, educational and artistic project of the School Arts - ARTS², course programs and states join.

Date :

Signature :

Admitted into :