

APPLICATION FORM FOR MASTER 2 GENERAL MANAGEMENT 2018/2019

All documentation must be sent by email and postmail by May 31st to :
lorenda.amriou@univ-pau.fr

IAE PAU BAYONNE
INTERNATIONAL RELATIONS
8 ALLEE DES PLATANES
64100 BAYONNE - FRANCE

PERSONAL DETAILS

Family Name :

First Name :

Date of Birth :

Gender : Male Female

Nationality :

Marital status :

Permanent address :

Correspondence address (if different from permanent) :

Telephone :

Email :

Campus France number:

How did you know about this program ?

Please list all qualifications in chronological order with the most recent first.

International students must submit documentation both in the original language and as an officially endorsed English or French language translation.

Printouts from self-service/web portals systems will not be accepted. The documentation being submitted must be formally issued by the awarding institution/exam body.

DIPLOMA	DATE OF GRADUATION	INSTITUTION	DATES FROM - TO	GRADES

ENGLISH LANGUAGE QUALIFICATIONS

Entry is conditional on the achievement of a certain standard of English. If your first language is not English, please give details of the most recent English proficiency course you have taken.

QUALIFICATION NAME	GRADE ACHIEVED	DATE OF GRADUATION

EMPLOYMENT AND WORK EXPERIENCE

EMPLOYER'S NAME	JOB DESCRIPTION	CITY, COUNTRY	DATES EMPLOYED

INTERNSHIPS

EMPLOYER'S NAME	DUTIES DESCRIPTION	CITY, COUNTRY	DATES EMPLOYED

DOCUMENTS TO PROVIDE WITH THIS FILE:

- Photocopies of all academic documentation: diplomas, grade transcripts, certificates...
- Photocopies of IELTS/TOEFL or other approved English qualification if applicable
- Personal statement/cover letter
- Curriculum vitae
- References as applicable
- Assessment form to be filled and sent by the person in charge (see document below)

CONTACTS

LAETITIA MATHIEU

INTERNATIONAL RELATIONS

laetitia.mathieu@univ-pau.fr

+33 (0)5 59 40 81 13

LORENDA AMRIOU

INTERNATIONAL RELATIONS OFFICER

lorenda.amriou@univ-pau.fr

+33 (0)5 59 40 81 14

CONFIDENTIAL ASSESSMENT FORM

This document has to be completed by a teacher

PLEASE SEND THIS DOCUMENT DIRECTLY TO :
IAE – CAMPUS DE LA NIVE
8 ALLEES DES PLATANES
64100 BAYONNE CEDEX

To be completed by the student

First name, last name :

Training program of origin :

To be completed by the teacher

Teacher's first name and last name :

Discipline :

School or faculty :

How long have you known the student ?

Less than 6 months From 6 months to 1 year Over one year

You have appreciated the student's skills and personality during :

Classes and TD Work presentations Personal work Group work Placement

Others :

Assessment of students skills	Excellent	Good	Average	Poor	No opinion
Ability for personal work					
Ability for group work					
Analytical mind					
Open mindedness					

Assessment of students's positioning in the class :

Top 10% Top 25 % Top 50%

SIGNATURE AND INSTITUTION STAMP