



Lifelong Learning Programme

## Académie des Beaux-Arts de Tournai

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### STUDENT APPLICATION FORM – ERASMUS +

NAME :  
SURNAME :  
DATE OF BIRTH :     /     /  
NATIONALITY :  
SEX :  
GRADUATED:

|   |  |
|---|--|
| <b>HOME ADDRESS :</b><br><br>HOME ADDRESS :<br>P.O. BOX :<br>CITY : | <b>COUNTRY :</b><br>TELEPHONE (including country code) :<br><br>E-MAIL : |
|---|--|

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|--|--|
| <b>HOME INSTITUTION :</b><br><br>SCHOOL ADDRESS :<br>P.O. BOX :<br>ERASMUS ID CODE :<br>CITY : | <b>COUNTRY :</b><br>TELEPHONE (including country code) :<br><br>ERASMUS CONTACT PERSON :<br><br>E-MAIL : |
|--|--|

**DEPARTMENT OF: Fine Arts**  
**YEAR OF STUDY : 1 / 2 / 3 Bachelor, 1 / 2 Master (Select answer)**  
**STUDY AREA :**  
**COURESE YOU WANT TO ATTEND: Comics, Numeric Arts, Interior Architecture, Illustration, Drawing, Visual Communication, Publicity, Design Textile, Peinture (Select answer)**

DO YOU HAVE HEALTH INSURANCE? (it is compulsory to have one during your Erasmus stay):  
Yes / No If yes, please join a copy.

**I APPLY FOR FREE FRENCH COURSES (FREE FRENCH COURSES):** Yes / No

NUMBER OF MONTHS OF ERASMUS PERIOD :

1st Quadrimester / 2nd Quadrimester / Full Academic year

**LANGUAGE :**

LEVEL OF COMPETENCE : BEGINNER / INTERMEDIATE / OLS, level : .....

*I confirm that the information provided in this application is true and accurate. In case I have to withdraw from the course, I will inform my Erasmus office as soon as possible, and no later than <data to be specified by the home institution>.*

***Student's confirmation  
(full name and surname)***

.....  
....

Date:.....  
.....

Sign :

*I endorse this application on behalf of my University.*

***Erasmus contact person's full name***

.....

Date:.....

Confirmation by the course organiser of the student's admission to a course should be sent to the following address:

<to be filled in by the home institution>

.....

Sign :