APPLICATION FORM – ACADEMIC YEAR 2025-2026
FOOD AS MEDICINE

SEND TO: incoming@unilasalle.fr
DEADLINE: March 02, 2026

STUDENT INFORMATION (PLEASE PRINT):

First name(s) :
LAST name(s):

Date of birth (D, M, Y):
City / Country:

Nationality:

Native language:

Current address:

Street & number: ……

City: …….. Postal code: ……...

Country: ……

Preferred e-mail:
Phone number:

Person to contact in case of emergency (name, phone number and e-mail address):

Contact person to send the transcript of records (*if different from contact above*) (name, tel., fax, e-mail) address, faculty)

Health information:

- Do you have a chronic condition other than food-related?
  ……
  ……
- Do you have any allergies, including food allergies?
  ……
  ……
- Do you have any dietary restrictions based on cultural or religious reasons?
  ……

Dietary restrictions for cultural or religious reasons:

French cuisine has been declared "world intangible heritage by" UNESCO. It is based on a variety of fresh, seasonal ingredients that include meat (including pork and poultry), shellfish, (non-pasteurized) dairy products, soy, nuts and alcohol.

Please be aware that during this program, and especially during a restaurant internship, you will be expected to work with recipes that may contain these food items.

I have read and understand the above statement and agree to abide by its terms while I am participating in the short program.

Signature: ……

ACADEMIC INFORMATION (PLEASE *PRINT*) :

Home university (full name):

Erasmus+ code (for European Universities):……

Faculty / College:

Institutional contact person at home university (name, tel., e-mail address, department):

Last degree obtained (name, year, level and location):

Current major and -minor in your home university:

Current year at time of application and cumulative GPA:

Have you studied in France before? ☐ Yes ☐ No

If yes:
- Academic institution & Town:
- Degree/Major:
- Dates:

LANGUAGE SKILLS:

FRENCH: ☐ **Advanced** ☐ **Intermediate** ☐ **Basic** ☐ **none**

OTHER: ……. ☐ **Advanced** ☐ **Intermediate** ☐ **Basic** ☐ **none**

ESL TEST SCORE: (If applicable):

OTHER RELEVANT SKILLS:

International Driving License: ☐ YES ☐ NO

PLEASE JOIN THESE ADDITIONAL DOCUMENTS:

- ☐ **Learning Agreement** - Duly completed & signed by both your home coordinator and yourself)
- ☐ **Unofficial transcript** of records for the last 2 years (in English or French)
- ☐ For **non-native speakers of English**: proof of English language proficiency:
  - **proof** of at least two years of study entirely taught in English within the last three years
  - **OR**: 90 TOEFL IBT (or an equivalent test result)

- ☐ **1 résumé** (Curriculum Vitae)
- ☐ **A personal statement** of interest: what motivates you to come to this program? If applicable, what do you expect from a work placement? (250-words)

- ☐ **1** copy of **passport ID page** (the one with your picture)
- ☐ **1 photo – ID format** for your future student card

- ☐ **Proof of international Health Insurance coverage**
  - For non-European students, you have to subscribe a special health insurance in your country covering you during your whole stay in France.
  - For European students, you need to send us a copy of your European Health Insurance Card.

- ☐ **Proof of Liability Insurance coverage**
  - Students must show proof of personal liability insurance in theirhome country. A liability insurance covers the student against property damage or bodily injury that they may be held legally responsible for. A liability insurance is usually included in a home owner's or renter's insurance plan.