June 2018

INTERNATIONAL SUMMER PROGRAMMES

RENNES SCHOOL OF BUSINESS

Please send one recent official identity photo

Applicant, please complete in capital letters.

TITLE: ☐ Mr. ☐ Mrs. ☐ Ms.

GENDER: ☐ Male ☐ Female

FAMILY NAME: .....

FIRST NAME: .....

PREFERRED FIRST NAME: .....

HOME UNIVERSITY: .....

COUNTRY OF RESIDENCE: .....

DATE OF BIRTH: |_|_|_|_|_|_|_| **AGE:** .....

CITY OF BIRTH: ..... **COUNTRY OF BIRTH:** .....

NATIONALITY 1: ..... **NATIONALITY 2** *(if applicable)*: .....

PASSPORT NUMBER: ..... **PASSPORT NUMBER** *(if applicable)*: .....

VALID UNTIL: |_|_|_|_|_|_|_| **VALID UNTIL:** |_|_|_|_|_|_|_|

FOR FRENCH STUDENTS ONLY

INE NUMBER: .....

FOR FRENCH STUDENTS AND STUDENTS WHO HAVE ALREADY LIVED IN FRANCE

FRENCH SOCIAL SECURITY NUMBER: .....

FOR RENNES SCHOOL OF BUSINESS OFFICIAL USE ONLY

RENNES SCHOOL OF BUSINESS N°:
DECISION: ☐ Unconditional Approval ☐ Conditional Approval ☐ Refused
SIGNATURE COORDINATOR INTERNATIONAL STUDIES:
DATE:

RENNES SCHOOL OF BUSINESS
2, RUE ROBERT D'ARBRISSEL - CS 76522
35065 RENNES CEDEX - FRANCE - Tel: +33(2) 99 54 63 63
rennes-sb.com

FT Master in Management Ranking 2017 EFMD EQUIS AACSB AMBA

ONLY FULLY COMPLETED APPLICATION FORMS WILL BE CONSIDERED. PLEASE COMPLETE IN CAPITAL LETTERS.

1. STUDENT INFORMATION

YOUR POSTAL ADDRESS FOR CORRESPONDENCE BEFORE COMING TO RENNES:

Street:..... N°:..... Zip code:.....

City:..... State:..... Country:.....

Telephone:..... Mobile phone:.....
(Country Code/Area Code/number) *(Country Code/Area Code/number)*

E-mail 1:..... E-mail 2:.....

EMERGENCY CONTACT INFORMATION:

Name:..... Relationship to you:.....

Telephone:..... E-mail:.....

2. PRESENT ACADEMIC STANDARD

Name of School/University:.....

Date of Entry *(month/year)*:..... /.....

Expected date of Completion *(month/year)*:..... /.....

Name of diploma or certificate prepared:.....

Is the programme taught in English? ☐ Yes ☐ No

Previous Business studies: ☐ Yes ☐ No .....
(If yes, please give details)

Previous CSR studies: ☐ Yes ☐ No .....
(If yes, please give details)

Previous Strategic Analysis studies: ☐ Yes ☐ No .....
(If yes, please give details)

3. LANGUAGE PROFICIENCY

A minimum of B2 level is required. Please attach a copy of the score

☐ TOEFL (score:.....) ☐ IELTS (score:.....) ☐ TOEIC (score:.....) ☐ Other tests (score:.....)

☐ Letter of reference signed and stamped by the Home University

4. PROGRAMME CHOICE AND INTEREST

☐ International Strategic Management from May 31st to June 8th 2018

☐ Responsible Management from June 12th to June 22nd 2018

☐ Both Summer Programmes from May 31st to June 22nd 2018

Please explain your interest and motivation in attending the summer programme – "*Responsible Management*" or "*International Strategic Management*" : .....

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5. APPLICATION PROCEDURE

- ☐ International Strategic Management

PAYMENT:

- **Fee-paying students**

Early bird fees, before 15th March 2018: ☐ € 1 380

Fees up to 1st April 2018: ☐ € 1 610

The fees include tuition, accommodation and company visits.

- **Exchange students** ☐

The fees can be waived for students coming in the framework of an exchange agreement and as part of the incoming / outgoing ratio. Please refer to your home University Coordinator.
In case of waived fees, the cost of transport, accommodation, living costs, cultural visits is to be met by the students.

APPLICATION DEADLINE:
Early bird: 15th March 2018
Final deadline: 1st April 2018

CANCELLATION POLICY
After 15th April 2018, no fees refunded.

- ☐ Responsible Management

PAYMENT:

- **Fee-paying students**

Early bird fees, before April 1st 2018: ☐ € 1 420

Fees up to April 15th 2018: ☐ € 1 650

The fees include tuition, accommodation and company visits.

- **Exchange students** ☐

The fees can be waived for students coming in the framework of an exchange agreement and as part of the incoming / outgoing ratio. Please refer to your home University Coordinator.
In case of waived fees, the cost of transport, accommodation, living costs, cultural visits is to be met by the students.

APPLICATION DEADLINE:
Early bird: April 1st 2018
Final deadline: April 15th 2018

CANCELLATION POLICY
After May 1st 2018: no fees refunded.

6. PAYMENT DETAILS

FEES PAID THROUGH:

Bank transfer in Euros to the bank account hereunder ☐

Cheque payable in Euros to ESC Rennes School of Business ☐
(The fees are payable in Euros) - Proof of payment enclosed

Name of Bank:
- BNP PARIBAS 18 Quai Duguay Trouin - 35000 Rennes - France
Bank Code: 30004 / Desk Code: 02483 / Account number: 00010745715 Key 86
IBAN: FR76 3000 4024 8300 0107 4571 586 - Code SWIFT: BNPAFRPPCRN

Payment Policy:

- This form has to be completed, dated, stamped and signed.
- A proof of payment must be sent back to Rennes School of Business before 15 April 2018.
- Rennes School of Business cannot be held responsible for transaction fees, foreign exchange losses and any additional charges, the cost of which must be borne by the candidate

Reimbursement Policy:

- If the student does not get his/her visa for reasons out of his/her control (written proof required), Rennes School of Business will reimburse the tuition fees paid for the summer programme(s). Dates of appointments at the Embassy are considered under the student's control.

- If the student decides to cancel his/her enrolment on the summer programme(s), the fees are due and will not be refunded.

I agree to the conditions above:

DATE: ☐☐☐☐☐☐ **SIGNATURE:**

7. HOME INSTITUTION AGREEMENT (MANDATORY FOR STUDENTS ON EXCHANGE)

REGISTRATION AS AN EXCHANGE STUDENT

- CONTACT'S NAME *(Study Abroad Coordinator, Int'l Relations Director, Programme Director, Academic Advisor, etc.)*

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Name:..... First Name:.....

Position:..... University:.....

Address:..... Zip Code:.....

City:..... State:.....

Country:..... Telephone:.....

Fax:..... E-mail:.....

I authorise the student..... **to participate to the Summer programme**

☐ International Strategic Management from May 31st to June 8th 2018

☐ Responsible Management from June 12th to June 22nd 2018

as part of our agreement with Rennes School of Business.

Please send the student's transcripts obtained at Rennes School of Business while studying on the Summer programme to:

The same address as above ☐ Other ☐

Title: ☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms.

Name:..... First Name:.....

Position:..... University:.....

Address:..... Zip Code:.....

City:..... State:.....

Country:..... Telephone:.....

Fax:..... E-mail:.....

Date: ☐☐☐☐☐☐ Signature: Official university stamp:

8. MISCELLANEOUS

Please tell us of any special circumstances we need to know about (e.g., physical handicaps, whether you will be bringing other family members with you, etc).

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9. STUDENT DECLARATION

- I certify that the information that I have provided on this application, and on all other admission application materials, is complete, accurate and true to the best of my knowledge.

- I understand that misrepresentation of any information may result in cancellation of the application or registration. I authorise Rennes School of Business to forward my transcripts to the Registrar.

DATE: | | | | | | | **SIGNATURE:**

N.B. Your application will not be considered if you do not sign here.

COMPLETED APPLICATION FORM SHOULD BE RETURNED TO:

Rennes School of Business - International Relations Office
Att: Short Programmes – Development Department
Email : laura.meunier@rennes-sb.com
2, Rue Robert d'Arbrissel - CS 76522 – 35065 RENNES Cedex - FRANCE