



Date

## PERSONAL DATA

### Personal information:

Family Name:

First Name:

Gender:

Date of Birth:

Place of Birth:

Citizenship:

Citizenship 2:

### Identification Document:

ID Number:

Passport Number:

### Student Contact Information:

Street Address:

Town/City:

Zip Code:

Country:

Phone Number:

E-mail Address:

E-mail Address (2) (if any):

Is the address above your permanent  
address? :

## EMERGENCY CONTACT

### Contact 1:

Family Name:

First Name:

Relationship:

E-mail Address:

Phone Number:

Phone number (2) (if any):

Family Name:

First Name:

Relationship:

Email Address:

Phone Number:

Phone number (2) (if any):

## EDUCATIONAL BACKGROUND

Current Studies :

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Field of Studies/Major:

Level of Studies:

University / School:

Country:

Language of instruction:

## ACADEMIC PREFERENCE AT UIR

School/Faculty:

Program at UIR:

Year of Studies:

Academic Year:

## MOBILITY TO UIR

General Information :

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Type of mobility: Erasmus+      Bilateral      Double Diploma

Length of stay:

Accommodation:

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Accommodation preferred: UIR Campus      Housing in Rabat      Host family in Rabat

## LANGUAGES

Native Language:

Other Spoken Languages:

In which Language would you like to take  
courses at **Université Internationale de Rabat**? :

Language Test\* :

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Test Name:

Test Result/Grade:

\* You must present a Language Certificate that confirms your proficiency of the language of instruction in which you will be studying (French and/or English). Moreover, we accept a language certificate issued by your Home University. Finally, we request a minimum level of B1.

## OTHER INFORMATION

Do you have a disability, a medical  
condition or an illness that can affect  
your studies?:

Any other needs that UIR should  
accommodate:

## DOCUMENTS TO PROVIDE

1. Copy of Passport.
2. Picture in JPG format.
3. Transcript of records (Last semester).
4. Curriculum vitae.
5. Language certificate for non-native speakers, depending on the chosen language of instruction.
6. Proof of health insurance extension to Morocco.
7. Learning Agreement filled.

## CONSENT STATEMENT

Please write your full name as a sign of approval.

I certify that the information and supporting documents  
enclosed in this application are authentic and correct.  
I understand that errors in such information may cause  
cancellation of my registration as an exchange student:

Digital signature

I understand that the information in this form will be  
electronically stored and used by the International Relations  
Office in accordance with the regulation and protection of  
personal data:

Digital signature

I understand that my name and email address might be  
given to students to promote the exchange program:

Digital signature