



**IÉSEG Postgraduate
International Summer Academy
(6 – 19 July, 2015)**



Application Form

Read carefully the [Application Procedures](#) and the [Terms and Conditions](#) before completing the form. Submit the completed form and other supporting documents by email to summer@ieseg.fr **BEFORE MAY 15, 2015.**

Personal Information (please complete all fields)

Family / Last Name:

First / Given Name (s):

Gender: Female ☐ Male ☐

Date of

Nationality: **Birth:** (DD/MM/YYYY)

Email Address:

Postal

Address:

(Zip code, City)

(State, Country)

Phone (Home): **Phone (Mobile):**

Emergency Contact

Family / Last Name:

First / Given Name:

Relationship with

Applicant:

Email Address:

Phone (Day): **Phone (Night):**

Home University

University Name:

Field of Study

(Major):

Graduate ☐

Postgraduate ☐

Coordinator's Name:

Coordinator's Email

Address:

Payment Method

Account Holder's

Name:

IÉSEG

Name of Bank:

SOCIÉTÉ GÉNÉRALE

Bank Address:

SG LILLE NORD PME (01098), 28 RUE DES ARTS, 59020 LILLE, FRANCE

Account Number:

00050270588

IBAN:

FR76 30003 01106 00050270588 - 96

BIC-Address SWIFT:

SOGEFRPP

* Please pay the first instalment (50% of the fees) by bank transfer and cover the necessary charges to reserve your place at the **IÉSEG Postgraduate International Summer Academy**.