



CIVIL STATUS

☐ Mrs ☐ Mr

Last name:

First name:

Birthdate: __ / __ / ____

day / month / year

Birthplace:

Native country:

Nationality:

CONTACT

Phone:

Email:

Address:

Post code:

City:

Country:

Family's / friend's contact:

Last name:

First name:

Phone:

Email:

STUDIES

Previous studies

Starting date: __ / __ / ____

Ending date: __ / __ / ____

Educational institution:

Previous degrees

Year of high school graduation: ____

Year of university graduation: ____

Name of the University:

City and Country:

Major:

KNOWLEDGE OF FRENCH

For how long have you been studying French?

☐ hours ☐month(s)

Où avez-vous appris le français ?

☐ High school ☐ University

☐ Other:

What is your French level?

☐ Beginner ☐ Intermediate

☐ Advanced Intermediate ☐ Advanced

Indicate your CECRL level, if you know it:

☐ A1.1

☐ B1

☐ C1

☐ A1

☐ B2

☐ C2

☐ A2

Have you received any certificate or diploma in French?

☐ TCF ☐ DELF ☐ DALF ☐ DUEF

Level:

Please, send a copy of your French Language Certificate

How did you know about ILCF-Lyon?

☐ You are an ILCF-Lyon former student

☐ Home university:

☐ Other; please specify:

☐ Internet

☐ Social networks

☐ An acquaintance (family, friend, etc.)

☐ Agency; please specify:

ENROLMENT FORM

ACADEMIC YEAR 2022/2023

PROGRAMMES	DURATION	TUITION	DEPOSIT deducted from the total amount
Semi-intensive programme - 16 hours per week			
<input type="checkbox"/> 1 st semester (from October 10, 2022 to January 27, 2023)	200 hours	1 890 €	370 €
<input type="checkbox"/> 2 nd semester (from February 13 to May 26, 2023)	[per semester]	[per semester]	
<input type="checkbox"/> 1 additional consecutive semester	200 hours	1 720 €	370 €
<input type="checkbox"/> 1 academic year (from October 10, 2022 to May 26, 2023)	400 hours	3 290 €	630 €

Intensive programme - 20 hours per week			
<input type="checkbox"/> 1 ^{er} semestre (from October 10, 2022 to May 26, 2023)	244 hours	2 465 €	370 €
<input type="checkbox"/> 2 nd semestre (from February 13 to May 26, 2023)	[per semestre]	[per semestre]	
<input type="checkbox"/> 1 additional consecutive semester	244 hours	2 245 €	370 €
<input type="checkbox"/> 1 academic year (from October 10, 2022 to May 26, 2023)	488 hours	4 340 €	630 €

Short intensive programme - 20 hours per week			
<input type="checkbox"/> February <input type="checkbox"/> June	60 hours	750 €	250 €

Specific French programme			
<input type="checkbox"/> 1 course	22 hours	390 €	

Summer intensive programme - 20 hours per week			
<input type="checkbox"/> 1 month <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September	80 hours	825 €	200 €
<input type="checkbox"/> 2 months <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September	160 hours	1 560 €	400 €
<input type="checkbox"/> 3 months <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September	240 hours	2 285 €	600 €

PAYMENT			Total of deposit:€
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For my registration, I will send the deposit (deducted from the total amount), relevant to my pre-enrolment:

- ☐ by credit card on the website www.ilcf.net > «enrolments»
- ☐ by french check paid to «AFPICL»
- ☐ by credit transfer:

Banque de Savoie (Lyon Part-Dieu) - 21 avenue de Saxe - 69006 Lyon - France
Compte : AFPICL - Numéro de compte : 00047600516 Clé 43 - Code banque : 10548 - Code guichet : 00062
Code BIC : BSAVFR2C - Code IBAN : FR76 10548 00062 0004760051 643

ACCOMMODATION

- ☐ I would like the housing service of the Lyon Catholic University to help me find a place to stay.
- ☐ I will find my housing on my own.

COMPLETION OF REGISTRATION

☐ I fully understand and accept the general terms and conditions of the ILCF Lyon available on the website www.ilcf.net
[see pages 12 «Admission procedure» for the required documentation]

☐ I have included the enrolment form with the payment or proof of the payment:

by mail: ilcf@univ-catholyon.fr

by post: ILCF Lyon - UCLy - 23 place Carnot - 69286 Lyon Cedex 02 - France

Date of my arrival in Lyon: __ / __ / ____
Day / Month / Year

Date: __ / __ / ____
Day / Month / Year

Signature: