



CFD Summer Program Application Form 2025

Please fill in this application with **ADOBE READER** or **in CAPITAL LETTERS** and in English.

1. Student Information				
Last Name / Surname:	First Name:			
Gender: □ M □ F	Date of Birth (DD/MM/YYYY):			
Place of birth (city and country):	Nationality:			
,	ate/Province: Country:			
,	ate/Province: Country:			
Phone (with area code):	Email:			
Disability: □yes □ no If yes, please indicate your disability: 2. Home University				
Home university:				
Country:				
International Coordinator (partner university students):				
Home university address Street address: City: St	tate/Province: ountry:			
Telephone (with area code):	Email:			
Year of study:				
Major of study (field of study):				
Signature of the International Coordinator (partner university students):				
Stamp (partner university students):				



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Please complete the table below about your previous higher education.

Main field of study: automotive, aerospace, mechanical, industrial, electrical/electronical

Year of study: (1st, 2nd...)

Main courses: indicate your majors among: mechanical Engineering (solid, fluid) / heat transfer / electronics / project Management / manufacturing management / marketing / other (specify)

Year	University (name and country)	Field of Study	Year of study	Main courses	Diploma / Degree obtained

4. Software skills (MATLAB, CATIA, AUTOCAD, PROENGINEER...)

Name	Number of hours	Level (beginner, intermediate, advanced)

5. Training in Design

Name	Number of hours	Level (beginner, intermediate, advanced)



6.	Industrial I	Experience	(internshi	ns n	lacement.	iob	el
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Year	Company	Sector	Position	Missions carried out

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Mother tongue :

Language	Level	Official test score (if taken) (ie: For English: TOEFL, TOEIC or IELTS For French: TEF, DALF or DELF)	Date taken
English	o beginner o intermediate o advanced		
French	o beginner o intermediate o advanced		

8. Person to contact in case of Emergency

Last Name / Surname:		First Name:
Relationship with the applicant:		
Address		
Street address:		
City:	State/Provinc	e:
Postal code:	Country:	
Phone(s)		Email:
Home (with area code):		
Work (with area code):		
Cell Phone (with area code):		

How did you hear about ESTACA?		



. Requested documents
☐ An official transcript from your current home university and all previous university studies
☐ For non native English speakers, a proof of English language proficiency (ie: a letter from a professor, a letter from the school, TOEFL or TOEIC scores)
☐ A copy of your valid passport OR a copy of an EU ID card for EU citizens
I certify that the information given in this application is true and complete.
Name:
Date:
Signature:

APPLICATION PROCESS:

Application deadline	April 17th
(email to estaca_incoming@estaca.fr) with the application form	
Answer from the admission board	April 24th
Payment of tuition due	April 30th

Contact for International Office : estaca_incoming@estaca.fr

