## **Pôle Paris Alternance**

## **Application Form**

5 rue Lemaignan. 75014 Paris. France International Office: IPE Management School Paris 5 Starnes Court, Union Street, Maidstone, Kent ME14 1EB. UK

## PROGRAMME OR COURSE REQUIRED

GENERAL INFORMATION						
First Name			Surname			
Date of Birth			Nationality			
		CORRESPONDENCE	ADDRESS			
City		!	State			
Post Code		(	Country			
e-mail		ı	Mobile			
Please list in ch	ronol	<b>EDUCATIO</b> ogical order for the last 3 years	N			
Year		University /College		Qualification		
		WORK EXPERI	ENCE			
Year		Job Title		Responsibilities		

We require your essay (between 300-500 velocity benefit your career and personal developments of the separate sheet if necessary		your selected programme of studie	
	DECLARATION		
I declare that all the information provided			
I acknowledge that IPE Management School		to accept or reject my application.	
I have read and understood the privacy sta I consent and give permission for mu perso		I for the purposes of seeking enrolm	ent on
the course programme both manually and			
Regulation (regulation(EU) 2016/679)			
Signature		Date:	
Please include the following with this appli	ication:		
Education Certificates (Highest qualification			
Transcripts (Highest qualification only)			
Passport sized photograph			