**2025-2026**

**RSB RENNES/WENZAO URSULINE UNIVERSITY**

**JOINT DEGREE APPLICATION FORM**

**APPLICANT**

|  |  |
| --- | --- |
| FAMILY NAME: (passport surname) |  |
| FIRST NAME: (passport given name(s)) |  |
| NATIONALITY: |  |
| DATE OF BIRTH: |  |
| PLACE OF BIRTH (city): |  |
| GENDER: | □ Female □Male |
| ADRESS (郵局快速查詢中文地址英譯)  Address for correspondence or Permanent address: |  |
| Zip Code :. |  |
| . City : |  |
| Country: |  |
| Telephone:. | +886.(0) |
| Mobile phone:. | +886. (0) |
| E-mail:. |  |
| Handicap: | □ Yes - \_\_\_\_\_\_*(Type)*\_\_\_\_\_(enclose medical certificate\*)  □ No |

Select one program:

Bachelor in Management (BiM): □Full English program □English/French program

Select one Specialization: □ Marketing □ Finance □ Supply Chain

**High School Final Diploma**

|  |  |
| --- | --- |
| Name of high school : |  |
| Location: |  |
| Date of Completion: |  |
| Specialization/Major: |  |

**Post-secondary Colleges and University**

|  |  |
| --- | --- |
| University : | Wenzao Ursuline University of Languages |
| Name of the degree: | Associate Degree |
| Specialization: |  |
| Location: | Kaohsiung |
| Date of Entry: |  |
| Date of Completion: |  |
| Program taught in English: |  |

**English proficiency**

|  |  |
| --- | --- |
| Do you have an Certificate ? | □ Yes □ No |
| Name of the Certificate (TOEIC…) : |  |
| Score : |  |

**French proficiency**

|  |  |
| --- | --- |
| Do you have an Certificate ? | □ Yes □ No |
| Name of the Certificate (TOEIC…) : |  |
| Score : |  |

**Other(s) language(s)**

Please specify the language(s) and the level(s)

**MOTIVATION FOR THE PROGRAMME**

**(One page A4)**

1. **Why did you choose Rennes School of Business?**
2. **Why did you choose this Program?**
3. **What are your study and career goals?**

**4.Explain why your profile/personality and past experience match with your studies or professional prospects?**

1. **Further comments**

**EMPLOYMENT / INTERNSHIP / VOLUNTEER ACTIVITIES**

**Do you have any work experience ?** □Yes □No

**Total numbers of years of work experience : \_\_\_\_\_**

*(Please list all you work experience)*

|  |  |
| --- | --- |
| Period: |  |
| Organisation (Name/ City/Country): |  |
| Function: |  |
| Responsibilities: |  |

Period:

Organisation (Name/ City/Country):

Function:

Responsibilities:

**SIGNIFICANT INTERNATIONAL EXPERIENCE**

Have you lived abroad before? □Yes □No

Total numbers of month(s)/years abroad :

(Please list all you abroad experience)

|  |  |
| --- | --- |
| Year / period: |  |
| Length of Stay: |  |
| Country/Region: |  |
| Purpose/Comments: |  |

|  |  |
| --- | --- |
| Year / period: |  |
| Length of Stay: |  |
| Country/Region: |  |
| Purpose/Comments: |  |