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| --- | --- |
| http://www.upmf-grenoble.fr/medias/photo/logouga-pt_1444374568486-jpg | **UNIVERSITE GRENOBLE ALPES** |

**2020-2021** **ADMINISTRATIVE REGISTRATION DOSSIER**

***The dossier will not be processed in the absence of photocopies of the required supporting documents***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration form**  **Renewal of registration**  **N° OPI : (PARCOURSUP, E-CANDICAT, MOVEON) :**  or   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Student** **N° :** | **1** |  |  |  |  |  |  |  |   Student renewing registration by registered in 2016-2017. Your student number has changed, connect to the student website to obtain your new N° |  |

**CIVIL STATUS**

Lastname (maiden name for married people) :

First name 1 :       2 :       3 :

Common name (marital) :

 P

INE or BEA N° (**Required**) :       **Use  when indicating the number zero**

**(see Bacaclaureat results or last student card since 1995)** (administration)

|  |  |
| --- | --- |
| Born on :       /       / 19  City :  (indicate discrict if necessary)  Sex :  **F** (Female)  **M** (Male) | Department :  Country :  Nationality :  Political refugee:  yes  no |

**Family status**

1 – single without child  2 – couple without child

3 – single with child/children  4 – couple with child/children  Number of children:

**Disability**

Yes :  No :

**National defence and citizenship day (ex JAPD)**

**7** Awaiting regularization of position  **3** Exempted, excused  **5** National day attended (JAPD /JDC)

**6** census accomplished (-18 ans)  **4**  Service accomplished  **8**  Not concerned

**FIRST REGISTRATION IN FRANCE**

|  |  |
| --- | --- |
| In the higher education level : Year       -       (University, CPGE, BTS, DUT)  To a Frendch and public university : Year       -  Name of the French public university:  Department :  **To the UGA : year** **-** |  |

**Baccalaureat ou equivalent**

|  |  |
| --- | --- |
| French Baccalaureat and other esuivalent French diploma  Graduation year       section + speciality  Honours :  **P** passed  **AB** with disctintion  **B**-honours  **TB** – high honours  Establishment       Department  DAEU Graduation year       -       Department  Foreign diploma accepeted as equivalent to French baccalaureat (0031) |  |

Establishment       Country of origin       year       -      

**ADDRESS**

**Permanent Adress (in CAPITAL LETTERS)**

      Postal Code

      City

Country       **person to contact in case of emergency (Last name – first name)**

Phone number of the person to contact in case of emeregency

**Type of housing for current year**

**1** – university residence  **2** – Approved youth hotel  **3** – Social housing HLM/CROUS  **4** –Parents’ address

**5** – Personal lodgings (excluding student room)  **6** – student room  **7** – other

**Adress for the current year** (**In CAPITAL LETTERS)**

      Postal code

      City

      Country

Cell phone       Phone (land line)

e.mail

**ANNUAL ADMISTRATIVE REGISTRATION**

Have you interrupted your studies for a period exceeding 2 years since obtaining the Baccalaureat or an equivalent diploma?

yes  No If yes, indicate the years

is the return to your studies financed by a public or private agency  yes  no

|  |
| --- |
| **RESERVED FOR THE ADMINISTRATION** |
| **REGIME** |
|   **1** Initial training  **2**  On going training financed by a private or public agency    **3** return to studies not financed by an agency   **4**  training under apprenticeship contract   **5** Professional contract |
| **STATUS**   **01**  student   **03**  intern on-going training  **05**  student apprentice  **08**  professional contract  **02**  auditor  **CU** University certificate  **06** housed learner |

**Socio-professional category**

**Of the student** (supporting documents required)

Do you have a professional activity or are you seeking employment:  yes  No

Indicate the socio professional category:       Code

**Activity**

K – Civil servant intern or military  L – EAP employment as future teacher  I –Intern in medical medecine

00 – other activity

**Work time**

A – Full time covering university year

B – Part-time (+ 150 hours per quarter) from 09/01/2018 to 08/31/2019

C – Part-Time (- 150 housr per quarter)

D – full time or part-time not covering university year

E – job seeker  with allocation  without allocation

**SOCIO-PROFESSIONAL CATEGORY OF THE FATHER :**

Code 99 Libellé Not specified

**SOCIO-PROFESSIONAL CATEGORY OF THE MOTHER:**

Code 99 Libellé Not specified

**SPORTS**

**Are you a student and high level athelete** :  yes Indicate the code        No

Financial support (Scholarship, allocation, PARE, etc.)

**CVEC**

You are concerned (Exempt or not )**:**   Identification N° :

You are not concernedÒ:

**YOU ARE PARTICIPATING IN INTERNATIONAL EXCHANGE PROGRAMMES**

|  |  |  |
| --- | --- | --- |
| You are coming from abroad (E) | Programme | You come from abroad (A) |
|  | ERASMUS  Other programmes and bilateral agreements  Other programmes and multilateral agreements  COMUE |  |

Foreign establishment (receiving or originating)

Country

**LAST ESTABLISHMENT ATTENDED**

**Type of establisment**:

**LY** – high school  **16** – University  **01** - S.T.S. (BTS)  **02** - C.P.G.E. (classe prépa. aux grandes écoles)

**10** – Higher education establishment abroad

Other (indicate) :

Name of the establisment:       Department :       Country :

University year:       -

**SITUATION PREVIOUS YEAR**

Attended classes in 2019/2020

Did not attended shool in 2019/2020 but having already attended higher education

Did not attended school in 2019/2020 and has never attended higher school

**Last diploma obtained**

Baccalaureat

002 DAEU

Other French diplomas  Foreign diploma in higher education  Foreign diploma in secondary education

Indicate heading of the diploma obtained:

Name of the establishment:       Department :

Country       University year :       -

No diploma for higher education

**OTHER ESTABLISMENT ATTENDED FOR THE CURRENT YEAR**

(supporting document required)

Are you already registered in another establishment for 2019-2020 ? Yes :  No :

Name of the establishment:        Department :

Are you confirming this registration? Yes (in parallel) :  No (change) :

**REGISTARTION REQUIRED AT UGA in 2019-2020**

**RESERVE ADMINISTRATION**

Codes inscription

Etape 1 |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

VET |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Etape 2 |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

VET |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

|  |  |  |  |
| --- | --- | --- | --- |
| Main registration:  Other registration requested for UGA :  **For the LEA, LLCER, pro commerce degree** (indicate the speciality language) :  language A :       language B :  **For students attending Polytechnic Institute**Are you coming from a preparatory class Yes :  No :  If yes, indicate which school :  **Do you have a scholarship for this curriculum** Yes :  No :  **Type of scholarship**  : 02-Based on social criteria  06-Ministry for health  01-French government  Are you in a gap year Yes :  No :    **RESERVE FOR THE ADMINISTRATION**   |  |  |  | | --- | --- | --- | | **PROFILS**   NO NORMAL   FC ON GOING TRAINING WITH COVERAGE   TL REMOTE LEARNING   AP APPRENTICESHIP   PR PROFESSIONAL CONTRACT | **Adapetd curriculum**  Gap year   Agreement   CPGE   Catholic institute | **SITUATIONS SOCIALES**   NO NORMAL   BO SCHOLARSHIP   BE SCHOLARSHIP FROM ANOTHER COMUE UNIVERSITY   PN WARD OF THE STATE   HA DISABILITY > = 80 % | |

**OPTIONAL RIGHTS**

* CU training offer Yes  code N°:
* Language courses : Yes code N°:
* CLES (Certificat de langues de l’enseignement supérieur) : Yes code N°:
* FFSU License : Yes code N°:
* Request for duplicate student card Yes code N°:

**CIVIL LIABILITY**

You have taken out Civil Liability Insurance (at any time, during the year, you be ablse to to show supporting documents for this coverage)

OUI  NON

**SOCIAL SECURITY**

Student social security gradually disappears from the start of the 2019 school year.  You do not have any more affiliation to make with the university, so no more contribution to pay.

**• 1st case:** you are already a beneficiary of student social security (a mutual student): you keep it for this year. Contact your agency to find out the terms and conditions of renewal for 2019-2020.

**• 2nd case:** You are a new student: you remain affiliated to the social security of your parents.

**• 3rd case:** You are a new foreign student: you must contact the CPAM nearest your home in France.

I hereby declare i will comply with the Charter governing the information system of the university establishments belonging to the COMUE university Grenobles Alpes. The Charter is available on the UGA website.

I hereby certify as sincere and accurate all the information provided and declare having read the instructions enclosed with the dossier

In Date

Signature (And signature of the parents for minors) :

|  |
| --- |
| **Complete Dossier: YES  NO  ** |