

ERASMUS+ MOBILITY

Student Application Form - Incoming

Mobility during the 2026-2027 academic year

Please note that all applications for exchange programmes must be made **through the Erasmus+ coordinator in the sending institution before the 30th April 2026**.

Please complete this form and send it to erasmus@iesm.fr with the following documents (PDF or JPEG) or link :

- A completed **study plan** (changes may be made later if necessary)
- A **cover letter** in French
- A **CV** in French or English
- A **video recording** of approximately **20 minutes**, demonstrating the student's musical abilities, **via a YouTube, Vimeo, or other link** that does not require a username or password
- A **letter of recommendation** from the academic advisors and the instrumental music teacher
- The student's most recent **transcripts of records** in French and English
- A **photo**
- A **diploma or certificate** attesting to **level B1 or B2 in French**

DESIRED EXCHANGE PROGRAMME AND PERIOD

What type of mobility are you applying for? :

What study period are you applying to? :

PERSONAL DATA

First name :

Last name :

Gender :

Date of birth (dd.mm.yyyy) :

Place of birth :

Country of birth :

Nationality :

Do you need a visa :

Email address :

EMERGENCY CONTACT DETAILS

First name of your contact person :

Last name of your contact person :

Relationship :

Email address of your contact person :

DATA CONCERNING CURRENT STUDIES

Country of home institution :

Home Institution :

Address of Home Institution :

International Coordinator at the Home Institution :

Email of the International Coordinator at the Home Institution :

Current level of education at home institution (before exchange) :

Main Instrument / Specific Field of Study :



DATA CONCERNING PLANNED STUDIES ABROAD

Host country : France

Host Institution : IESM

Level of study during Exchange :

DESIRED COURSES AT RECEIVING INSTITUTION

(PRELIMINARY LEARNING AGREEMENT)

LANGUAGE COMPETENCE

Mother Tongue :

Language of instruction at host institution :

Language level English :

Language level French :

FURTHER INFORMATION

Have you already been studying / working abroad as an Erasmus student / trainee ? :

Comments Concerning your application :

IMAGE RIGHTS AUTHORIZATION

This request is intended to obtain the necessary consent and authorizations for the project specified below, it being understood that the objectives of this project have been explained in advance.

1 PROJECT NAME

Project concerned : Erasmus+ mobility application at IESM

Name and address of the establishment: IESM Institut d'Enseignement Supérieur de la Musique – 380 Avenue Mozart – 13100 AIX EN PROVENCE

2 OPERATING MODES CONSIDERED

Support	Scope of distribution
WeTransfer file sharing software	Internal distribution of administrative documents sent by candidates and communicated to the teaching team (academic director and teachers)
YouTube - vimeo video sharing platform	Internal distribution of videos made by candidates and viewed by the teaching team (academic director and teachers)

3 CANDIDATE AUTHORIZATION

In accordance with the French Civil Code, in particular Article 9 on privacy,

In accordance with the French Intellectual Property Code,

This authorization is subject to your signature, for the recording on audiovisual media and publication of your image and/or your voice and/or your musical performance within the framework of the project referred to in paragraph 1 and for the modes of exploitation referred to in paragraph 2.

The broadcasting of your image and/or voice and/or musical performance will be carried out under the authority of (name of the producer or beneficiary of the authorization/legal status/address):

IESM Institut d'Enseignement Supérieur de la Musique – 380 Avenue Mozart – 13100 AIX EN PROVENCE

The recording will be made by the candidate and sent electronically.

The IESM will keep copies of the video recordings made by candidates for a maximum period of one year from the date of the candidate's application.

The producer of the audiovisual work created or the beneficiary of the recording shall exercise all exploitation rights attached to this work/recording. The work/recording shall remain their exclusive property.

The producer/beneficiary of the authorization expressly undertakes not to transfer these authorizations to a third party.

It also undertakes not to make any unlawful use, or use not provided for above, of the recording of your image and/or voice that could damage your dignity, reputation, or privacy, or any other use that is prejudicial under the laws and regulations in force.

In the defined educational context, the recording shall not give rise to any remuneration or compensation in any form whatsoever. This express acceptance is final and excludes any subsequent claim for remuneration.

I, the undersigned : (first name, last name)

I acknowledge that I am fully vested with my personal rights. I expressly acknowledge that I am not bound by any exclusive contract for the use of my image and/or voice, or even my name.

I acknowledge that I have read the above information and give my consent for the use of my image and/or my voice and/or my musical performance, exclusively within the framework of the project described above: Yes No

Made in as many originals as there are signatories.

Done at:

On (date):

Signature of the candidate :

DECLARATION OF CONSENT

I confirm that all details given in the registration form are correct and complete.

SIGNATURE OF HOME INSTITUTION

STUDENT	Name, Surname :	Date :	Signature
PROFESSOR / TUTOR OF MAIN INSTRUMENT	Name, Surname :	Date :	Signature
HEAD OF DEPARTMENT	Name, Surname :	Date :	Signature
ERASMUS + COORDINATOR	Name, Surname :	Date :	Signature