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

**2017-2018** **ADMINISTRATIVE REGISTRATION DOSSIER**

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration form**  **Renewal of registration**  **OPI N° : (APB, E-CANDICAT, MOVEON):**  Or   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Student N°:** | **1** |  |  |  |  |  |  |  |   Student renewing registration byt registered in 2016-201. Your student number has changed, connect to the student website to obtain your new N° |  |

**CIVIL STATUS**

Last name (maiden name for married women):

First name 1:       2:       3:

Common name (marital):

❑ P

INE or BEA N° (**required**)**:**       **use ∅ when indicating the number zero**

**(See Baccalaureat results or last student card since 1995) (administration)**

|  |  |
| --- | --- |
| Born on:       /       / 19  City:  (indicate district 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**

Code:       Type of disability:

**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 years)  **4**  Service accomplished  **8**  Not concerned

**FIRST REGISTRATION IN FRANCE**

|  |  |
| --- | --- |
| In the higher education level: Year 2017 - 2018 (University, CPGE, BTS, DUT)  To a French and public university: Year 2017 - 2018  Name of the French public university:        Department:  **To the UGA: Year** |  |

**Baccalaureat or equivalent**

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

Establishment       Country of origin       year       -

**ADDRESS**

**Permanent address (IN CAPITAL LETTERS)**

      Postal code:

      City:

Country:       **Person to notify in case of emergency**

Phone number of the person to contact in case of emergency:

**Type of housing for current year**

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

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

**Address for the current year (IN CAPITAL LETTERS)**

      Postal code:

      City:

      Country:

Cell phone:       Phone (land line):

Email:

**ANNUAL ADMINISTRATIVE REGISTRATION**

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

Yes  No If yes, indicate the years

Is this 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 studies

00 – Other activity

**Work time**

A – Full time covering university year

B – Part-time (+150 hours per quarter) from 09/01/2017 to 08/31/2018

C – Part-time (- 150 hours 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 Name of the category: not specified

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

Code: 99 Name of the category: not specified

**Sports**

**ARE YOU A STUDENT AND HIGH-LEVEL ATHLETE:**  Yes indicate the code        No

**Financial support (**scholarship, allowance, PARE, etc.)

**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 establishment:**

**LY –** high school  **16** – university  **01** - S.T.S. (BTS)  **02 –** preparatory classes (CPGE)

**10 –** Higher education establishment abroad

Other (indicate):

Name of the establishment:       Department:       Country:

University year:       -

**SITUATION PREVIOUS YEAR**

Attended classes in 2016-2017

Did not attended school in 2016/2017 but having already attended higher education

Did not attended school in 2016/2017 and has never attended higher education

**Last diploma obtained**

Baccalauréat

002 DAEU

Other French diploma  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 ESTABLISHMENT ATTENDED FOR THE CURRENT YEAR**

(supporting documents required)

Are you **already registered** in another establishment for 2017-2018 ? Yes:  No:

Name of the establishment:        Department:

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

**RESERVE ADMINISTRATION**

Codes inscription

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

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

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

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

**REGISTRATIONS REQUIRED AT UGA in 2017-2018**

|  |  |  |  |
| --- | --- | --- | --- |
| Main registration:  Other registration requested for UGA:    **For the LEA, LLCER, pro commerce degree (**indicate the speciality languages**):**  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:    **RESERVED FOR THE ADMINISTRATION**   |  |  |  | | --- | --- | --- | | **PROFILES**  ❑ NO NORMAL  ❑ FC ON-GOING TRAINING WITH COVERAGE  ❑ TL REMOTE LEARNING  ❑ AP APPRENTICESHIP  ❑ PR PROFESSIONAL CONTRACT | **Adapted curriculum**  ❑Gap year  ❑ Agreement  ❑ CPGE  ❑ Catholic institute | **SOCIAL SITUATIONS**  ❑ NO NORMAL  ❑ BO SCHOLARSHIP  ❑ BE SCHOLARSHIP FROM ANOTHER COMUE UNIVERSITY  ❑ PN WARD OF THE STATE  ❑ HA DISABILITY > = 80 % | |

**SOCIAL COVERAGE**

|  |  |  |  |
| --- | --- | --- | --- |
| YOUR PARENTS' REGIME  General and affiliated regimes (agriculture, medical prof.,  Civil servant, Bank of France,  Judges, local administrative agents, artists,  Comédie Française, French national theatres, job seekers), CCI    Non-salaried workers (craftsmen, retailers, social services of  French abroad, liberal professions) or specific regime  Military, ENGIE, GRDF, Mines, RATP, notary employees, Senate.  Merchant marine regime, National Assembly  Prudential regime of the SNCF  Other regimes (foreign students, parents without social coverage in France, etc.) | | | **CASES OF NON-MEMBERSHIP**  You benefit from an ARE (unemployment allowance)  You have already paid registration in another establishment    Benefiting from coverage of spouse, partner, non-student civil-law partner    You come from a country of the EEE and are holder of a card from Europe, Switzerland or Quebec    Your parents are civil servants of an international organization    You are affiliated to another regime (ex: job seeker with allowance)  From 09/01/20147 to 08/1/2018 |
| RESERVED FOR THE ADMINISTRATION | | | |
| ❑ Affiliated 🢡 |  | ❑ Paying  ❑ Scholarship  ❑ ATP (self-insured) | ❑ Non-Affiliated |

**PAYTMENT CENTRE OF SOCIAL SECURITY SERVICES**

If you are registered with the student social security, select your payment centre (required)

1. LMDE Grenoble  2. SMERRA Grenoble

3. LMDE Valence  4. SMERRA Valence

If you are over 28 years of age but wish to benefit from extension of coverage by student social security, indicate

the reason:

Indicate your social security number:

**CIVIL LIABILITY**

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

yes  no

I hereby declare I will comply with the Charter governing the information system of the university establishments belonging to the COMUE University

Grenoble Alpes. The Charter is available on the UGA site.

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 parents for minors):

|  |
| --- |
| **Complete dossier: YES ❑ NO  ❑** |