

Request for sending the Master's Degree

YOUR IDENTITY

Family Name: _____ Name: _____

Married Name: _____

Date of Birth: _____

1. YOUR PROFESSIONAL SITUATION

Current professional situation:

Working ☐ In process of recruitment ☐ Intern ☐ Searching for Job ☐ Studying ☐ Other ☐

Company Name: _____

Title of your Job: _____

Address: (N °, street) _____

Zip Code _____ CITY _____ COUNTRY _____

Office Number: _____ Email Address: _____

2. RECEIVE YOUR DEGREE

Wish to receive my diploma of (*): _____

Obtained in (exact year): _____

To the following address:

(if a country outside the European Union, the address of the Consulate or Embassy of France close to home))

Zip Code: _____ City: _____

Country: _____

Telephone Number: _____

Email Address: _____@_____

Date : _____

Signature (mandatory)

(*) Specify the exact title of the Master Degree (e.g. MBA or M2IBM or M1EBA)