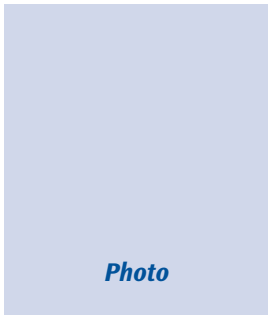


EUROPEAN MASTER



**European Accreditation Board
of Higher Education Schools**
*Collège européen d'accréditation
des universités et des grandes écoles*



To be completed by the school

MASTER:	<input type="text"/>		
MAJOR:	<input type="text"/>		
STUDENT ID NUMBER if previously registered in E.A.B.H.E.S. Bachelor programme:	<input type="text"/>		
Duration of MA studies:	<input type="text"/>	Date of MA programme end:	<input type="text"/>

Please type your responses in the spaces provided below

Surname: First Name:

Date of birth: Country of citizens:

Place of birth: (City/State/ Country):

Passport / National Identity Card Number:

Student address:

Zip code: City/State: Country:

E-mail:

Permanent address (where the diploma will be sent):

Zip code: City/State: Country:

Daytime telephone number: Mobile:

Name of the Higher Educational Institution in which you have enrolled:

Department of studies:

Degree to be obtained:

List all European countries you have visited:

List all European countries where you have lives more than 6 months (and duration):

Diploma obtained or to be obtained in high school: Year:

Obtained: Yes No

Name, city, country of the high school:

Native language(s):

Languages studied in high school:

Level of proficiency in English (on a scale of 0 to 6):

If you have taken any International language tests (TOEIC, TOEFL, Cambridge Exams, IELTS, GMAT), please indicate the name of the test:

The Test(s): Score: Year:

Other international language certificates obtained (name, date, and score):

List every college, university, professional school, or other higher institution previously attended, even partially, and indicate degrees obtained and the year*:

Educational institution Name-city-country	Dates of attendance	Degree	Major	Graduation year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

>> * Please join a copy of test results and grade transcripts, so that E.AB.H.E.S can allot your credits

Date:

Signature:



Please return the following document dully filled, dated and signed to your educational institution by

Together with:

- 1 recent identity photography-standard size
- Any proof relevant to your previous higher education studies and foreign language certification