

Summer Program Application form 2021

CFD Applications in Aeronautical Engineering



Please fill in this application in **CAPITAL LETTERS** and in English.



AUTOMOBILE



AÉRONAUTIQUE



SPATIAL



TRANSPORTS

1. Student Information

Last Name / Surname:	First Name:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY):
Place of birth (city and country):	Nationality:
<u>Current address</u> Street address: City: State/Province: Zip / area code: Country: Valid until:	
<u>Permanent address:</u> Street address: City: State/Province: Zip / area code: Country: Valid until:	
Phone (with area code):	Email:
Disability : <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please indicate your disability:	

2. Home University

Home university:	
Country:	
International Coordinator:	
<u>Home University address</u> Street address: City: State/Province: Zip / area code: Country:	
Telephone (with area code):	Email:
Year of study:	
Major of study (field of study):	
Signature of the International Coordinator:	

3. Academic Information

Please complete the table below about your previous higher education.

Main field of study: automotive, aerospace, mechanical, industrial, electrical/electrical

Year of study: (1st, 2nd ...)

Main courses: indicate your majors among : fluid mechanics, mechanical Engineering (solid, fluid) / heat transfer / electronics / project Management / manufacturing management / marketing / other (specify)

Year	University (name and country)	Field of Study	Year of study	Main courses	Diploma / Degree obtained

How many hours of fluid mechanics did you do during your higher education?

.....

4. Software skills (MATLAB, CATIA, AUTOCAD, PROENGINEER...)

Name	Number of hours	Level (beginner, intermediate, advanced)

5. Training in Design

Name	Number of hours	Level (beginner, intermediate, advanced)

6. Industrial Experience (internships, placement, jobs)

Year	Company	Sector	Position	Missions carried out

7. Language Skills

Language	Level	Official test score (if taken) (ie: For English: TOEFL, TOEIC or IELTS For French: TEF, DALF or DELF)	Date taken
English	<input type="radio"/> beginner <input type="radio"/> intermediate <input type="radio"/> advanced		
French	<input type="radio"/> beginner <input type="radio"/> intermediate <input type="radio"/> advanced		

8. Person to contact in case of Emergency

Last Name / Surname:		First Name:	
Relationship with the applicant:			
<u>Address</u> Street address: City: State/Province: Postal code: Country:			
Phone(s) Home (with area code): Work (with area code): Cell Phone (with area code):		Email:	

How did you hear about ESTACA?

9. Documents required

- ☐ An official transcript from your current home university and all previous university studies
- ☐ For non native English speakers, a proof of English language proficiency (ie: a letter from a professor, a letter from the school, TOEFL or TOEIC scores)
- ☐ A copy of your valid passport OR a copy of an EU ID card for EU citizens
- ☐ Confidential recommendation form completed by a professor or an academic coordinator (see next page)
- ☐ Motivation letter and resume

I certify that the information given in this application is true and complete.

In accordance with the General Data Protection Regulation, by signing this document, you consent to ESTACA to use your personal data for administrative, informative and statistics purposes, and you understand that you can withdraw your consent at any time. Your information will be kept for 10 years.

You have the right to access and rectify information about yourself. If you wish to exercise this right and obtain your information, please contact us at : dpo@estaca.fr

Name:

Date:

Signature:

**This application form must be returned before
May 1st (for non-European citizens)
May 31st (for European citizens)
by email to international@estaca.fr (no hard copy).**

Contact for international students : international@estaca.fr
+33 (0)1 76 52 11 93

ESTACA Summer Program CFD Applications in Aeronautical Engineering

CONFIDENTIAL RECOMMENDATION FORM

Student's name:

Professor's name:

Title:

University:

Department:

1. Length of time you have known the applicant:
In what context?

2. Approximate relative **class ranking** (i.e. 5th out of a class of 30 students):

3. Of all the students you have instructed or advised at the applicant's level in the same field, **how do you rate the applicant?**

Truly exceptional (a student who appears only infrequently)

Outstanding: upper 5% (comparable to the best you have known)

Superior: upper 10% (uncommon ability and motivation)

Above average: upper 25%

Average: upper 50%

Below average: lower 50%.

4. Please indicate the applicant's **3 major qualities and any other comment you may find appropriate:**

1.

2.

3.

Date:

Signature: