

Application for Business Internship Program in France

Student Information

Student Name: _____
 First Middle Last

Gender: ☐ Male ☐ Female Birth Date: ____/____/____
 D M Y

Home Address: _____
 Street City Zip Code

 State Country

Home Phone: _____ Cell phone: _____

Email address: _____ Sykpe ID: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Legal Residence: _____

Emergency Contact: _____
 First Name Last Name Relationship

 Email address Home Phone Cell Phone

How did you hear about Intrax: _____

Educational Background

English Level: _____ Result from the online English test www.testpodium.com Level 2, free of charge

Level of the internship language (self-assessment): ☐ 0 (no skills) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 (fluent)

University Students: Field of Study: _____ Years of Study: _____

Graduation Date: _____

Professionals: Field of Industry: _____ Years of Experience: _____

Internship Information

Earliest Start Date: _____ Latest End Date: _____

Internship Duration: _____ Desired Location: _____

Desired Internship Field: _____

Work Experience: _____

Language Course before Internship: ☐ Yes ☐ No