

Motivation QUESTIONNAIRE
MSc - Master of Science Sustainable Management & Eco Innovation

Family name: _____

Given name: _____

Your current situation:

- Student (please answer all questions except 2a)
- In employment (please answer all questions except 2b)
- Seeking employment (please answer all questions except 2b)
- Other, please give details:

1/ Please give your two main reasons for wishing to be considered for the Master's program in Urban Agriculture & Green Cities.

2a/ Please describe the milestones in your career to date, and say how this Master's degree qualification fits into your future career plan.

2b/ Please give details of the aspects of your studies that are most relevant to this Master's program. How does this Master's degree qualification fit into your career plan?

3/ What type of job do you envisage for yourself later on?

4/ Which companies would you like to work for? Please explain why.

5/ If you are not a French national, do you know of any French companies operating in your country of origin? (Please list them.)

6/ How did you hear of this Master's program?

7/ Are you considering any other study programs? If so, please give details.

Application form
MSc Sustainable Management & Eco Innovation

For your application to be complete, you must also submit:

- Photocopies of certificates or transcripts for higher education level or continuing education qualifications awarded
- An official document certifying European level B2 standard in English (min TOEIC 785 points or min BULATS 70 points TOEFL Ibt 80 TOEFL Pbt 503) (Except for students from English-speaking countries)
- 1 copy of your CV
- 1 identity photo
- A photocopy of your identity card or passport
- 2 references (mandatory for both students and people in employment) – translated into French or English
- A photocopy of your family record book or birth certificate

⇒ Applications and all accompanying documents should be returned:

via email to: adelaide.dolbeau@unilasalle.fr

or by post to:
UniLaSalle Rennes
Campus de Ker Lann
Avenue Robert Schuman
35170 BRUZ - France

Please allow enough time to obtain your visa, if applicable. You should make the relevant enquiries with the authorities concerned (for example Campus France).

UniLaSalle is happy to provide any documents you may need to complete your visa application (proof of address, certificate of pre-enrolment, etc.).

IMPORTANT: We require you to have adequate insurance cover for your journey and any repatriation, hospitalization and medical expenses, at least for your first month of attendance at UniLaSalle, and to take out civil liability insurance.

YOUR DETAILS

Please write clearly and legibly.

Title: Mr Mrs

FAMILY NAME (in block capitals):

GIVEN NAMES:

Email:

Higher education qualifications awarded + specialisms / continuing education

Grade/Class:

Current course of study / continuing education:

Institution attended:

RESIDENTIAL ADDRESS:

Road name and number:

Zip code: Town/City:

Landline: + COUNTRY:

Mobile: +

Date of birth (dd/mm/yy): ___ / ___ / ___

Place of birth: COUNTRY:

Nationality:

Marital status:

Professional Referees (if applicable):

Employer:

Address:

Zip code: Town/City:

Landline: + COUNTRY:

Mobile: +

ADDITIONAL INFORMATION:

Do you hold a valid driving licence? Yes No

If so, length of time held and vehicle category entitlements:

Sport(s) played:

Leisure activities:

How do you intend to finance your studies?

Have you already researched the grants available? If so, give details?

Higher education / continuing education (please fill in carefully and give precise details):

1) Higher education / continuing education (please give details in the table below):

Academic Year	Institution and full address	Course and Specialism	Qualifications awarded
___ / ___			
___ / ___			
___ / ___			
___ / ___			
___ / ___			

2) Professional experience and placements

Dates (dd/mm/yy)	Type (placement or employment)	Company and location (country, region)	Responsibilities
from ___ / ___ / ___ to ___ / ___ / ___			
from ___ / ___ / ___ to ___ / ___ / ___			
from ___ / ___ / ___ to ___ / ___ / ___			
from ___ / ___ / ___ to ___ / ___ / ___			

3) Languages Level (please tick):

	Beginner A1-A2	Intermediate B1	Intermediate+ B2	Advanced C1
English				
Another language: Please give details				
Another language: Please give details				

Signed in (place)

on (date).....

Signature