INSTITUT POLYTECHNIQUE DE GRENOBLE

GRENOBLE INSTITUTE OF TECHNOLOGY

Grenoble INP

DOSSIER DE RÉINSCRIPTION

FORMATION INGENIEUR

ANNÉE UNIVERSITAIRE 2015-2016

REGISTRATION FORM
ENGINEERING ACADEMIC COURSE
ACADEMIC YEAR 2015-2016

Réservé à l'administration* / *Reserved

N° ÉTUDIANT

|__|__|__|__|__|__|__|__|__|__|

☐ 1°A
☐ 2°A
☐ 3°A

ÉTAT CIVIL / *Civil status*

Nom de famille : _____
Last name

Nom d'usage : _____
Name normally used

Né(e) le *(jour mois année)* |__|__| |__|__| |__|__|__|__|
Date of birth (day month year)

Département ou Pays : _____
Country

Nationalité : _____
Nationality

Prénom : _____
First name

Autre(s) prénom(s) : _____
Other names

à (*Ville*) : _____
in (town)

Sexe : ☐ M - Masculin *Male* ☐ F - Féminin *Female*

IDENTIFIANT INE **OU** BEA **(obligatoire)**
INE or BEA ID (compulsory)

|__|__|__|__|__|__|__|__|__|__|__| |__|

Ecrire les lettres en minuscules / *Use small characters for letters*

SITUATION FAMILIALE / *Family situation*

☐ 1 - **Seul(e), sans enfant** *Single, without children*
☐ 2 - **Couple, sans enfant** *Couple, without children*
☐ 3 - **Seul(e), avec enfant** *Single, with children*
☐ 4 - **Couple, avec enfant** *Couple, with children*

Nombre d'enfants : _____
Number of children

HANDICAP *(joindre le justificatif)* / *Handicap (attach supporting documents)*

☐ 1 - **Cécité** *Blindness*
☐ 2 - **Autres déficiences visuelles** *Other visual deficiencies*
☐ 3 - **Surdité sévère et profonde** *Deafness*
☐ 4 - **Autres déficiences auditives** *Other auditory deficiencies*
☐ 6 - **Troubles moteurs** *Motor troubles*
☐ 7 - **Troubles psychiques** *Mental health disorders*
☐ 10 - **Incapacité temporaire** *Disabilitating illness*
☐ 13 - **Troubles du langage et de la parole** (dyslexie, dysphasie) *Language and speaking troubles (dyslexia, dysphasia)*
☐ 14 - **Troubles viscéraux** (cardiaques, respiratoires, liés à une pathologie...) *Visceral troubles (cardiac, breathing troubles, attached to a pathology...)*
☐ 15 - **Polyhandicap** *Multi-handicap*
☐ 16 - **Troubles intellectuels et cognitifs** (autisme) *Intellectual and cognitive difficuties (autism)*

Etudiants atteints de troubles spécifiques du langage ***(dyslexiques)*** *ou* ***malentendants*** *:*
ATTENTION ! Un test de certification en langue anglaise conditionne l'obtention du titre d'ingénieur. Il vous est fortement conseillé de vous signaler ci-dessus pour être admis à bénéficier des aménagements correspondants lors du test de langue et assurer ainsi vos chances de réussite.

ADRESSE DES PARENTS / *Parents' address*

_____
_____

Code postal / *Zip code :* |__|__|__|__|__|
Commune / *City :* _____
Pays / *Country :* _____
Téléphone / *Phone :* _____

TYPE D'HÉBERGEMENT DURANT L'ANNÉE UNIVERSITAIRE / *Type of accomodation during the academic year*

☐ 1 - **Résidence universitaire CROUS** *CROUS student residence*
☐ 2 - **Résidence universitaire hors CROUS** *Other student residence (e.g Résidence Houille Blanche)*
☐ 3 - **Logement HLM-CROUS** / *HLM-CROUS accomodation*
☐ 4 - **Domicile parental** / *Parents' home*
☐ 5 - **Logement personnel** / *Private accommodation*
☐ 6 - **Chambre étudiant chez particulier** *Student's room in private home*
☐ 7 - **Autre** / *Other*

ADRESSE DURANT L'ANNÉE UNIVERSITAIRE (si différente de l'adresse parentale)

Address during the academic year (if different from parents' address)

_____
_____

Code postal / *Zip code :* |__|__|__|__|__|
Commune / *City :* _____
Pays / *Country :* _____
Téléphone / *Phone :* _____

Mél personnel : _____
E-mail address

N° portable : _____
Mobile phone (GSM)

RÉGIME D'INSCRIPTION / *Registration type*

❑ 1 - **Initiale** / *Regular*
❑ 4 - **Apprentissage (alternance)** / *Apprenticeship*
❑ 2 - **Continue diplômante financée** *Funded off-the-job training with degree*
❑ 3 - **Reprise d'études diplômante non financée** *Unfunded off-the-job training with degree*
❑ 7 - **Reprise d'études non diplômante** *Continuing education without degree*

STATUT *Status*
❑ 1 - **Etudiant / apprenti** *Student / apprentice*
❑ 2 - **Auditeur libre** *Free attendee*
❑ 3 - **Stagiaire formation continue** *Trainee off-the-job training course*

SI VOUS AVEZ UNE ACTIVITÉ SALARIÉE en France DURANT L'ANNÉE UNIVERSITAIRE, PRÉCISER :
If you work in France during the academic year, please specify:

Catégorie socio-professionnelle |__|__| *(Cf. guide)* **Libellé** _____
Social professional category (see registration booklet) *Title*

Domaine d'activité professionnelle |__|__| *(Cf. guide)* **Libellé** _____
Area of professional activity (see registration booklet) *Title*

Contrat couvrant la période du 01/10/15 au 30/09/16
Work contract covering the period from 1st Oct. 15 to 30th Sept. 16

Contrat ne couvrant pas la période du 01/10/15 au 30/09/16
Work contract do not covering the period from 1st Oct. 15 to 30th Sept. 16

❑ 1 - Temps complet et apprentissage / *Full time and apprenticeship*
❑ 2 - Temps partiel ≥ mi-temps / *Part-time ≥ half-time*
❑ 4 - Temps partiel < mi-temps / *Part-time < half-time*
❑ 6 - Temps complet et apprentissage / *Full time*
❑ 3 - Temps partiel ≥ mi-temps / *Part-time ≥ half-time*
❑ 5 - Temps partiel < mi-temps / *Part-time < half-time*

CATÉGORIE SOCIO–PROFESSIONNELLE DES DEUX PARENTS : *(sinon, de celui qui exerce seul l'autorité parentale)*
Socio-professional category of parents (otherwise, socio-professional category of the one who exercise alone parental rights)

Père : |__|__| *(Cf. guide)* **- Libellé** _____ *Mère :* |__|__| *(Cf. guide)* **- Libellé** _____
(see registration booklet) – Title *(see registration booklet) – Title*

SI VOUS BÉNÉFICIEZ DU STATUT SPORTIF DE HAUT NIVEAU, PRÉCISER / *If you are a high level sportsman, please specify :*

Le sport pratiqué |__|__| *(Cf. guide)* **- Libellé** _____
The sport you practice *(see registration booklet) -* *Title*

SI VOUS BÉNÉFICIEZ DU STATUT ART-ÉTUDES, PRÉCISER / *If you benefit from the art-study status, please specify :*

La discipline pratiquée : _____
Branch of learning in art

FINANCEMENT PRINCIPAL DES ÉTUDES |__| *(Cf. guide)* **- Libellé** _____
Main funding of studies *(see registration booklet) -* *Title*

FINANCEMENT SECONDAIRE DES ÉTUDES |__| *(Cf. guide)* **- Libellé** _____
Secondary funding of studies *(see registration booklet) -* *Title*

SI VOUS ÊTES DANS LE CADRE DE PROGRAMMES INTERNATIONAUX, PRÉCISER
If you are part of an international program, please specify

❑ **A - Elèves étrangers accueillis à l'Institut polytechnique de Grenoble** *Incoming students in Grenoble Institute of Technology*

❑ **E - Départ d'élèves de l'Institut polytechnique de Grenoble à l'étranger** / *Outgoing Grenoble Institute of Technology students*

Programme / *Program* : _____

Pays / *Country* : _____

Etablissement partenaire : _____
Partner institution

RESERVE A L'ADMINISTRATION/ RESERVED

❑ **DDA**

❑ **DDE**

SI VOUS ÊTES INSCRIT DANS UN AUTRE ÉTABLISSEMENT POUR L'ANNÉE EN COURS, PRÉCISER :
If you are registered in another institution for the current academic year, please specify

Nom de l'établissement : _____
Name of the institution

Département |__|__| ou **Pays :** _____ **Formation suivie :** _____
Country *Followed course*

FORMATION SUIVIE À L'INSTITUT POLYTECHNIQUE DE GRENOBLE / *Followed course at Grenoble Institute of Technology*

Ecole : _____
Department

❑ **1ère année d'études** / *1st year* ❑ **2ème année d'études** / *2nd year* ❑ **3ème année d'études** / *3rd year*

préciser la filière : _____
please specify the course

Pour une 2e ou 3e inscription à cette année d'études, préciser le motif :
For a 2nd or 3rd registration in this year of study, please specify the reason

❑ **Aménagement de scolarité** *Adjustment of schooling*

❑ **Congé d'études** *Sabbatical year*

❑ **Année césure** *Caesura year*

❑ **Redoublement** *Repeating a year*

❑ **Autre :** _____
Other

RESERVE A L'ADMINISTRATION / *RESERVED*

Code étape _____ Code diplôme _____

Code profil _____ Code situation sociale _____

Nombre d'inscriptions dans le cycle d'études _____

❑ Profil SISE **(cursus aménagé)**

SI VOUS ÊTES BOURSIER, PRÉCISER LE TYPE DE BOURSE :
If you are a scholarship holder, please specify the type of scholarship :

❑ 01 - **Bourse du gouvernement français**
French Government grant for foreign student

❑ 02 - **Bourse de l'enseignement supérieur**
French higher education grant

❑ **Autre :** _____
Other

RÉGIME DE SÉCURITÉ SOCIALE DES PARENTS / *(only for French citizen)*

- ❑ Régime français des salariés, Régime français agricole, Régime de Banque de France
- ❑ Régime français des artisans, commerçants, professions libérales (sauf médecins, dentistes, auxiliaires médicaux conventionnés)
- ❑ Marine marchande, Comédie Française
- ❑ Régime de prévoyance SNCF
- ❑ Autre situation des parents

SÉCURITE SOCIALE ÉTUDIANTE (Cf. guide d'inscription) / *Health insurance (cf. booklet of inscription)*

Tous les étudiants, français et étrangers, âgés de 20 à 28 ans, doivent OBLIGATOIREMENT être affiliés à la sécurité sociale étudiante, SAUF :

All the French and Foreign students, from 20 to 28 years old, must NECESSARILY be affiliated with the health insurance code, EXCEPT:

- ❑ s'ils sont apprentis / *if they are apprentice*
- ❑ si leur conjoint a une activité professionnelle à caractère permanent / *if their husband / wife exert a permanent professional activity*
- ❑ s'ils sont originaires d'un pays de l'Espace Economique Européen / *if they come from an European Economic Area country*
- ❑ si leurs parents sont agents français d'une organisation internationale / *if their parents are French public servant of a member state of an International organization*
- ❑ s'ils sont bénéficiaires d'une AFR (allocation formation reclassement) / *if they benefit from an AFR (allowance formation reclassification)*
- ❑ s'ils dépendent d'un autre régime (SNCF, EDF, ...) / *if they come under another system*

Vous avez plus de 28 ans et vous bénéficiez d'une prolongation d'affiliation au régime étudiant de sécurité sociale, précisez le motif :
You are more than 28 years old and you benefit from a registration extension to the student health insurance, please specify the reason :

_____

Numéro de sécurité sociale de l'étudiant / *French of health insurance ID of the student*

|__| |__|__| |__|__| |__|__| |__|__|__| |__|__|__| |__|__|

Pour une première affiliation à la sécurité sociale, préciser :
For a first registration to the student health insurance system, please specify :

Nom, prénom de votre père : _____
Your father's last and first names

Nom de jeune fille, prénom de votre mère : _____
Your mother's maiden and first names

CHOIX DU CENTRE PAYEUR DES PRESTATIONS DE SÉCURITÉ SOCIALE *(Apprentis non concernés / Apprentice non concerned)*
Choice of health insurance payment center

OBLIGATOIRE si vous vous affiliez au régime de sécurité sociale étudiante ou ADA (ayant droit autonome)
COMPULSORY if you are registered to the student health insurance or if you are an independent beneficiary

- ❑ MEG - **LMDE Grenoble**
- ❑ MEV - **LMDE Valence ***
- ❑ SME - **SMERRA Grenoble**
- ❑ SMV - **SMERRA Valence ***

* concerne l'ESISAR / ** concerns ESISAR*

ASSURANCE RESPONSABILITÉ CIVILE (OBLIGATOIRE) **– à souscrire lors de l'inscription** ou **fournir un justificatif**
*Compulsory legal liability insurance – to be taken out on registration or provided supporting document **

Préciser le type d'assurance souscrite : ❑ **LMDE** ❑ **SMERRA** ❑ **AUTRE**
Please specify the type of the subscribed insurance :

*Les dates de début et de fin de contrat doivent être indiquées / *State the contract start and end dates*

COMPLÉMENTAIRE SANTÉ FACULTATIVE (Cf. bulletin des droits) / *Complementary optional health insurance (see fees payment statement)*

Souhaitez-vous adhérer à une complémentaire santé ? ❑ **OUI** / YES ❑ **NON** / NO
Do you wish to register yourself to a complementary health insurance ?

COTISATION FACULTATIVE / *Optional contribution*

❑ **GRENOBLE INP Alumni** (LA PREPA INP non concernée)
Association des diplômés et des élèves de Grenoble INP

Je soussigné(e), certifie sur l'honneur l'exactitude des renseignements portés sur ce document
I, the undersigned, certify on my honour the accuracy of the information given in this document

Date : |__|__| |__|__| |__|__|__|__|
Date

Signature
Signature

La loi n°78-17 du 6 janvier 1978 relative à l'informatique, aux fichiers et aux libertés s'applique à ce dossier. Elle vous donne un droit d'accès et de rectification sur les données vous concernant. Cette requête doit être adressée au service scolarité gérant votre dossier.
Law n°78-17 of 6 january 1978 concerning IT, files and freedom applies to this application form. You are entitled to access and rectify your personal data. Requests must be sent to the academic department managing your application.

➔ INDIVIDUALS WITH RECOGNISED ARTISTIC OR SPORTING TALENT

AE	*Art – Etudes* Status	M4	Handball
A4	Athletics	N4	Judo and related disciplines
98	Miscellaneous Sports	P4	Swimming
B4	Rowing	Q4	Windsurfing - Sailing
C4	Badminton	R4	Diving
D4	Basketball	S4	Rugby
E4	French Boxing	T4	Alpine Skiing
04	Cycling	U4	Cross Country Skiing
F4	Contemporary & Jazz Dance	U5	Stretching
G4	Equestrian Sports	V4	Tennis
H4	Climbing	W4	Table Tennis
I4	Fencing	14	Archery
J4	Football	X4	Volleyball
K5	Golf	24	Mountain Biking
K4	Rhythmics	Y4	Water Polo
L4	Gymnastics		

➔ OCCUPATION AND SOCIO-PROFESSIONAL CATEGORIES (PCS)

10	Small Farm Managers	48	Foreman and Supervisory Occupations
21	Artisans	52	Elementary Civil Service Professions (incl. School Assistants)
22	Small dealers and similar categories	53	Police and Army Officers
23	Company Directors (with at least 10 employees)	54	Business Administration Support Staff
31	Professional Occupations	55	Elementary Sales and Customer Service Occupations
33	Senior Civil Service Officers	56	Personal Service Occupations
34	Academic and Scientific Occupations	61	Skilled Operatives
35	Communication, Arts and Entertainment	66	Elementary Operatives
37	Business Administration, Sales and Customer Service Executives	69	Farm Workers
38	Engineering and Technical Professionals	71	Retired Small Farm Managers
42	Schoolteachers and similar categories	72	Retired Artisans, Small Dealers and Company Directors
43	Intermediate Health and Welfare Professionals	73	Retired Senior Executive and Intermediate Occupations
44	Religious Occupations	76	Retired Elementary and Operative Occupations
45	Intermediary Civil Service Occupations	81	Never-worked Unemployed
46	Intermediary Business Administration, Sales and Customer Service Occupations	82	Other individuals with no occupation
47	Technicians	99	No information (unknown or not applicable)

Unemployed who have work records must use the code describing their previous occupation

➔ OCCUPATION DURING THE ACADEMIC YEAR (ACTIVI)

A	No occupation	E	Employment over more than 6 months
B	Redundancy-Related Retraining Scheme	F	School Assistant
C	Employment over at most 1 month	G	Other Young Person Employment Scheme
D	Employment between 1 month and 6 months	H	Student earning a study-related-wage

➔ FUNDING

0	SANS	Self-Funded	H	PRET_BANC	Bank Loan
1	INRIA	INRIA	I	PARENTS	Parent-Funded
2	SFERE	SFERE	J	CONJOINT	Spouse/Partner-Funded
3	EGIDE	EGIDE	K	ATER	ATER
4	ADEME	ADEME	L	CHOMAGE	*Allocation au Retour à l'Emploi* Scheme
6	CNRS Région	CNRS / *Région*	N	ERASMUS	ERASMUS
9	CEMAGREF	CEMAGREF – Bursary from the *Ministère de la Recherche or Ministère de l'Agriculture*	O	CEA / CFR	CEA / CFR
<	COLL-TER	Local Government	P	MONITEUR	*Moniteur* (Student with tutoring duties)
A	RECHERCHE	*Allocation de Recherche* (Research Bursary)	R	CERN	CERN
B	CIFRE	CIFRE	T	TEMPUS	TEMPUS
C	FONDATION	CNOUS	Ù	INDUSTRIES	Industrial Scholarship
E	CNRS / BDI	CNRS / BDI	X	MIN	Other Government Ministries
F	ETRANGER	Foreign Government	Z	AUTRE	Other Funding

➔ BURSARIES

01	*BOURSIER DU GOUVERNEMENT FRANCAIS*
02	*BOURSIER DE L'ENSEIGNEMENT SUPERIEUR*
07	*FONDS NATIONAL D'AIDE D'URGENCE*
14	BURSARY FROM *AGENCE UNIVERSITAIRE DE LA FRANCOPHONIE*
15	EIFFEL SCHOLARSHIP
17	*BOURSIER DU GOUVERNEMENT FRANÇAIS* with no Social Security fee waiver

Grenoble INP ENSIMAG

2015 /2016
List of documents to be provided upon registration

Designation of documents required	
☞ **Documents required :**	Reserved for Administration framework
2 **Photos d'identité** mini format *2 mini photos*	
Copie du **baccalauréat** (ou équivalent) uniquement pour les 1ères années double diplôme *Copy of Baccalauréat or equivalent for double degree students*	
Copie de l'avis d'attribution de **bourse** ou de l'attestation de Bourse ERASMUS (pour les ressortissants de l'Union Européenne) *Photocopy of your grant (Brafitec grant, Erasmus grant...)*	
Copie de la ***carte d'étudiant 2015-2016*** ou justificatif de paiement des droits d'inscription de l'autre établissement fréquenté durant la même année universitaire *Photocopy of your student card from your home university for the 2015-2016 academic year*	
Carte européenne d'Assurance Maladie (obligatoire pour les étudiants européens) Les étudiants ressortissants de pays hors Union Européenne, devront obligatoirement souscrire à la Sécurité Sociale française (Tarif 215€). *Photocopy of your European Health Insurance card (EHIC) mandatory for European students* *Non-European students must take out the French social insurance security (Cost 215€).*	
Copie de la **carte nationale d'identité** recto-verso pour les étudiants européens ou du passeport, visa et extrait d'acte de naissance pour les étudiants non européens. *Photocopy of your passport or identity card for European students* *Photocopy of your passport, visa & and certificate of birth for non-european students*	
Attestation de « Garantie responsabilité civile étudiante et vie privée » * *Photocopy of "the civil liability private life"*	
☞ **Documents completed and signed :**	Reserved for Administration framework
Dossier d'inscription (4 pages) *Registration form*	
Formulaire « **Garantie responsabilité civile étudiante et vie privée** » *Document "Public Liability"*	
Attestation de **prise de connaissance des chartes et règlements** *Document "certificate"*	
Attestation de consentement pour la **communication de données à caractère personnel** *Document "Consent to the communication of personal data"*	
Imprimé relatif au **consentement à la prise de vue et autorisation de publication** *Document "Photo shoot agreement and usage rights"*	

* Cette assurance est OBLIGATOIRE : elle est peut-être incluse avec votre assurance logement. Certaines banques proposent cette assurance responsabilité civile vie privée à l'ouverture d'un compte en banque. Si ce n'est pas le cas, vous la prendrez lors de votre inscription.
This insurance is MANDATORY : it is sometimes included with the accommodation insurance. Some banks also offer civil liability private life when you open a bank account. If it is not, you will take it out during your school registration.

COPIES ARE PROVIDED BY THE STUDENT

University year 2015-2016
Grenoble Institute of technololy
Application office

☞ **piece to complement and provide upon registration**

PUBLIC LIABILITY

☞ Document to be filled in and provided upon your enrolment

What is public liability ?

Public liability is insurance that covers any individual for damage caused to others.
(e.g.: breaking of a computer during an internship, harm/damage during a visit to a plant, etc.).

It must not be confused with social security affiliation (refund of medical expenses), additional health cover and lease public liability.

At the Polytechnical Institute of Grenoble, this insurance is mandatory for all students
(also for students during their study year abroad).

For your information, if you can't justify this type of insurance, it is possible, at the time of registration, to sign a contract with one of the student mutual (LMDE-SMERRA).

I, the undersigned,

LAST NAME : _____ *First name :* _____

Study year : _____

❑ I represent that I have an insurance contract (possibly as assign of your parents)

(provide a supporting document that must specify the "private life/ school activities & non-school activities" cover)

Underwritten by the following organization : _____

Date of validity or expiry : _____

❑ I agree to renew the contract and provide a new proof to the maturity date if the certificate does not cover the academic year *(excluding insurance contracted with LMDE or SMERRA).*

Executed in _____ *in* _____

SIGNATURE OF THE STUDENT

Grenoble INP

University year 2015-2016
Grenoble Institute of
Application office

☞ piece to complement and provide upon registration

CERTIFICATE

PRINTED FORM TO BE FILLED IN AND PROVIDED UPON YOUR ENROLMENT

LAST NAME-first name : _____

Student at/ in : _____ *(specify the school or training)*

INE No. : _____

Text to be copied out by the student :
I certify that I have perused the Student Engineer Charter.
I undertake to comply with the terms of said charter.

Executed in _____ Signature :

on _____

Text to be copied out by the student :
I certify that I have perused the Framework regulations of studies and examinations of the Engineer cycle.
I undertake to comply with the terms of said charter.

Executed in _____ Signature :

on _____

Text to be copied out by the student:
I certify that I have perused the Study regulations of the school.
I undertake to comply with the terms of said charter.

Executed in _____ Signature :

on _____

Text to be copied out by the student:
I certify that I have perused the Charter of Use of the IT System of Universities of the PRES "University of Grenoble"
I undertake to comply with the terms of said charter.

Executed in _____ Signature :

on _____

Documents are available on the following address : http://www.grenoble-inp.fr/inscription/

University year 2015-2016
Grenoble Institute of technololy
Application office

☞ **piece to complement and provide upon registration**

Consent to the communication of personal data

LAST NAME-first name: _____

INE No: _____ Student at / in: _____

_____ (specify the school or training)

❒ I certify that I have perused order No. 2014-024 of 27 June 2014 relating to the electronic processing of data relating to the management of teaching courses and students of the Polytechnical Institute of Grenoble; the institution may, with the consent of the individual, communicate certain personal data to organisations in charge of running the training or governing the teaching or associative life of students:

- Services of the COMUE
  - health centre
  - Handicap Welcome Service
  - Student Life Department
- University Library
- Drome/ Isère Academic Inspection
- IFAI
- Drôme General Council
- Rhône-Alpes Region
- Circles of students and graduates of the Polytechnical Institute of Grenoble
- Association of Former Students of schools
- Association of graduates and students of the Polytechnical Institute of Grenoble "Grenoble INP ALUMNI"
- VERIFDIPLOMA, application created by Diploma SA, (employers hirers subscribers to a website)
- OPCA 3+ paper branch
- AGEFOS PME Graphic and multimedia communication
- Conférence des grandes écoles/ INIST CNRS
- Partner companies hosting students in internships or of the punctual events (visit of sites)

The institution warrants the legitimacy of the recipients as well as the relevance of the information provided to them.

Tick the space corresponding to your choice:

❒ I accept the proposed provisions.

❒ I refuse the communication of my personal information.

❒ I note that, in accordance with the French Data Protection Act (*loi informatique et libertés*) of 6 January 1978 as amended in 2004 I have a right to object, access and rectify personal data, which I may exercise at any time by contacting the schooling service.

Executed in _____, on _____

Signature

☞ piece to complement and provide upon registration

Grenoble INP



STUDENTS

Photo shoot AGREEMENT and usage RIGHTS

The undersigned:

Name:

Adress:

Telephone: **Email:**

School / Laboratory / Department:

Date of birth: / /

☐ **Certify that I freely agree beeing photographed or filmed** during my studies at "Institut polytechnique de Grenoble"

and that I authorize "Institut polytechnique de Grenoble" and its constituents,
to publish pictures or videos of myself for their education or scientific communication, on external or internal supports, wether paper or digital (i.e. diaries, liflets, posters, web sites, social networks...).

This agreement covers the whole duration of my studies at "Institut polytechnique de Grenoble" and 5years longer. For Institut polytechnique de Grenoble's diaries, this agreement is perpetual.

For any other use, a new authorization will be asked for.

☐ **Certify that I don't agree beeing photographed or filmed** during my studies at "Institut polytechnique de Grenoble" unless I should sign an agreement later than this one, rendering it null and void.

Accepted and agreed at (location):

Agreement Date: / /20 **Signature:**

(Day / Month / Year)

WARNING : for students under age, this agreement has to be signed by their parents or other legal representative. It should be confirmed by the student when he comes of age.

Institut polytechnique de Grenoble
46 avenue Félix Viallet • 38031 Grenoble Cedex 1 • Tél. : +33 (0)4 76 57 45 00 • www.grenoble-inp.fr

REGISTRATION FEES FORM

RATES 2015-2016

❖ COMPULSORY FEES

⇨ SCHOOLING FEES

Breakdown of schooling fees	Engineer * Preparatory cycle	Master	Student on exchange/host programme	Exemption ** condition
University fees	560,00	206,00	--	--
Documentation department	34,00	34,00	--	--
Fonds de Solidarité et de Développement des Initiatives Etudiantes (FSDIE)	16,00	16,00	16,00	--
Preventive medicine ***	5,10	5,10	5,10	5,10
TOTAL	**615,10 €**	**261,10 €**	**21,10 €**	**5,10 €**

* *engineers with apprenticeship status are not concerned*
** *0 rate grant recipients included*
*** *compulsory fee, for all, each year*

⇨ SOCIAL SECURITY	215 €

⇨ CIVIL LIABILITY

For any university registration, proof of membership of a civil liability insurance policy is compulsory. If you don't have one, the student insurance companies can propose the following cover:

LMDE – Student insurance	17 €
SMERRA – Compulsory	16 €

Where to go to pay from September 1 to October 31, 2015	
Cheque (back account in France only, foreign checks not authorised)	Payment cashed by the school at the time of administrative registration
Cash (only if the fees are 300 euros or less)	**Agence comptable Grenoble INP** Addresses and opening times indicated below. --- **Esisar** Service scolarité 50, rue Barthélémy de Laffemas - 26000 Valence
Credit card	**Agence comptable Grenoble INP** 46, avenue Félix Viallet 38000 Grenoble (4ème étage) **Payment counter opening hours** Monday and Friday, 8 to 12 h and 1 to 3:30pm Tuesday 8 till 3:30pm nonstop Wednesday 8 till 12 Thursday 8 till 12 and 1 till 4pm



❖ OPTIONAL RIGHTS

➪ ADDITIONAL HEALTH COVER

The following "supplement" offers include the civil liability option.
Membership is annual and the fee must be paid each year.

L M D E	Student insurance	**17 €**
	Plus LMDE	**50 €**
	Major incident LMDE	**78 €**
	Ordinary healthcare	**129 €**
	Ordinary healthcare + Student insurance	**146 €**
	All treatment	**234 €**
	All treatments + Student insurance	**251 €**
	One-off payments	**390 €**
	One-off payments + Student insurance	**407 €**
S M E R R A	Indispensable	**16 €**
	Security	**28 €**
	Indispensable pack	**36 €**
	Student supplement	**40 €**
	Minimum	**66 €**
	Essential	**126 €**
	Essential + indispensable	**142 €**
	Comfort	**240 €**
	Comfort + indispensable	**256 €**

➪ GRENOBLE INP Alumni

Association of Grenoble INP graduates and students — **19 €**

Means of payment

Registration via web

Registration online entails the payment of registration fees by bank card. NB, if you use an "E-card", payment by instalments is not possible.

Up-front payment: payment of all fees in a single payment when you enter your information.

Payment spread over 3 instalments: authorised if total fees due exceed 300 euros, and if you enter the information before September 20. The first instalment is immediate. The second and third transfers will take place 30 days apart, date to date.

Registration in person

Up-front payment: payment possible either in cash (if the amount is ≤300 euros), or by credit card, or by cheque made out to the "*Agent comptable de l'Institut polytechnique de Grenoble*" (a single cheque, including all registration costs).

Payment spread out over 3 instalments: only possible by credit/debit card arranged with the Agence Comptable. Authorised if registration takes place at the latest on **September 20, and if** total fees due exceed 300 euros. The first instalment is immediate, 2nd and 3rd takings will take place in 30 days of interval, from date to date.

The cost of a replacement student card is € 15.50
Decision no. DEL2012-007 of the general administrator dated 16/04/2012