Diplôme Universitaire
« Enfant et Activité Physique : Santé et Performance »
Année universitaire 2017-2018

Dossier de candidature

Le dossier complet devra être déposé ou envoyé à :
UFR STAPS - Véronique COURTEIX
3 rue de la Chebarde - TSA 30104 - CS 60026
63178 AUBIERE Cedex

Date limite d’envoi : 17 novembre 2017

IDENTITÉ
N° de sécurité sociale | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | / | _ | _ |
NOM et Prénom ________________________________________________________________
NOM de jeune fille _____________________________________________________________
Né(e) le | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | à ________________ Age | _ | _ |
Département | _ | _ | _ | _ | Nationalité ______________________________________________________
☐ Célibataire  ☐ Marié(e)  ☐ Pacsé(e)  ☐ Vie maritale  ☐ Divorcé(e)
Nombre d’enfants ____________
Adresse ______________________________________________________________________
______________________________________________________________________________
Téléphone portable | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ |
Adresse mail ________________________________________________________________

DIPLÔMES
Année d’obtention Intitulé du diplôme
| _ | _ | _ | _ | _ | ________________________________________________________________
| _ | _ | _ | _ | _ | ________________________________________________________________
| _ | _ | _ | _ | _ | ________________________________________________________________
STATUT

☐ ÉTUDIANT(E)

☐ AUTO ENTREPRENEUR

☐ PROFESSION LIBÉRALE

☐ SALARIÉ(E)

Poste actuel ________________________________________________________________

Employeur ________________________________________________________________

Depuis le \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_
FINANCEMENT DE LA FORMATION

☐ Par l’employeur

☐ Par un fonds collecteur

NOM ____________________________________________
Adresse ____________________________________________

☐ Autofinancement

☐ Pôle emploi

☐ Autres (précisez) ____________________________________________

STATISTIQUES

Avez-vous déjà bénéficié de la Formation Continue ?  OUI  NON

Intitulé de la formation ____________________________ Durée en heures | _ | _ | _ | _ |

Comment avez-vous connu ce Diplôme Universitaire ? ____________________________
___________________________________________________________________________
___________________________________________________________________________

Je déclare sur l’honneur que les renseignements communiqués ci-dessus sont rigoureusement exacts.

À _____________________________, le ____________________________.

Signature