

ISIPCA
- P A R I S -

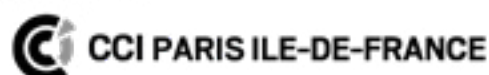


MSc in Cosmetic Expertise Formulation & Applications

English-taught Postgraduate Program

Application Form

a school of the





34-36 rue du Parc de Clagny 78000 VERSAILLES - FRANCE
Tel: +33 (0)1 39 23 70 00
www.isipca.fr



2020/2021

MSc in Cosmetic Expertise Formulation & Applications

Personal information

Ms Family name (*) First Name (*)
Mr Date of Birth (DD/MM/YYYY)
Country of birth(*) City of birth (*)
Nationality : French European Non European Dual nationality :

(*) Data as they appear on passport

Correspondence address

Town Postal Code
Address Country
Phone No. Mobile No.
E-mail Skype contact
Representative : Mr Mrs Father Mother Other
Family name (*) First Name (*)
Profession
Address (if different)
Town Postal Code Country
Phone No. E-mail

Current situation

Student Working
Current diploma Institution
Address
Town Postal Code Country

For students graduating in 2019, please carefully give detailed information and analytical description of your diploma :

Name of the diploma Name of the university/institution
Address
Town Postal Code Country
Website
Head or Secretary of Department:
Phone No. E-mail

The application file must be sent with a certificate of registration for all University diplomas you have received.
Please, let us know if you will be graduating this year, so that our Selection Panel Jury may take that into consideration.

Previous education

Number of year of higher education since your high school diploma:

3 years 4 years 5 years >5 years

Academic year	Course	Institution
2019-2020		
2018-2019		
2017-2018		
2016-2017		

Language skills

What is your mother tongue ?

English proficiency test scores (for non-native speakers): IELTS or TOEFL iBT or TOEIC

Test score (**)

Date of award

The TOEFL score report must be directly sent by ETS Center to ISIPCA (institution code = 2665).

Professional experience including internships

Dates / Duration	Position / Responsibilities	Company

How did you find out about the MSc in Cosmetic Expertise? (up to 1 option)

Home institution

Careers fair

Recommendation from a family member/friend

Careers/course website

Online forum, blog

Facebook

Information/careers centre

Alumni

Campus France

Search engine

LinkedIn

Another graduate school

Your answers to the following questions will be forwarded to the members of the selection panel if you are selected for an individual interview. Please answer carefully.

Family name:

First name:

Motivation and professional goals

Explain in a few lines what you expect from this 1-year course
(jobs you are looking for, the knowledge of the perfume or cosmetics area,...)

What would be the description of the company you would like to join after your degree?
(main activity, area, size, location...)

Whate are the activities or job missions you would like to achieve in your future career?

What are the main professional results you obtained in your past experiences and which you are proud of? (internships, summer jobs, student activities, family life...) How can they contribute to meet your professional goal?

In conclusion, what is the decisive argument that could convince us of your eligibility to this 1-year program?

I, the applicant, hereby certify having accepted the general conditions of application for the MSc in Cosmetic Expertise – Formulation & Applications.

It is understood that the MSc in Cosmetic Expertise – Formulation & Applications is a Specialization Track of the "Titre Manager en Process de Développement et de Création des produits Parfum, Cosmétique et Arômes alimentaires" – Certification professionnelle code NSF 222n. Titre enregistré, de niveaux I (Fr) et 7 (EU), au Répertoire National des Certifications Professionnelles par arrêté du 26 septembre 2016, publié au Journal Officiel du 4 octobre 2016. La certification est accessible par la VAE."

I read the detailed brochure and understood that the courses will take place at ISIPCA in Versailles

I accept the full payment of the balance of the tuition upon receipt of fees invoicing. It is an indispensable condition for the final admission.

I hereby declare that all the details above are true.

Date (DD/MM/YYYY)

Family name

Firstname

Please sign here your Acrobat copy

Contact: Colette CAZIER, Admission Officer- ccazier@isipca.fr

Please send your application form to :

ISIPCA

Colette CAZIER, Admission Officer

34-36 rue du Parc de Clagny

78000 Versailles - FRANCE

You also need to forward your entire application form to our online platform.

<https://formations.cci-paris-idf.fr/PML/index.php/preinscription/>