



CLAIM FORM
LSF-IEF MONTPELLIER
 To be addressed to the school administration

Name of the student: _____

Email address: _____

Telephone # (w/ international access code): _____

Topic of your claim:

<input type="checkbox"/>	Classes
<input type="checkbox"/>	Housing
<input type="checkbox"/>	Activities
<input type="checkbox"/>	School life
<input type="checkbox"/>	Faculty
<input type="checkbox"/>	Other (specify) :

Please expose your request as precisely as possible below:





Handwriting practice area consisting of 15 horizontal dashed lines.





Handwriting practice area consisting of 15 horizontal dashed lines.





Do not hesitate to attach any relevant document to this form, our teams will review them to offer the best response possible.

[Name, Surname] - [Date] - [Signature]

