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| **PHOTO** |

**DOSSIER DE DEMANDE DE VALIDATION DES ACQUIS (\*)**

**Code de l’Education – Articles D613-38 à D613-50**

|  |  |
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| **NOM :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ **Nom de Jeune Fille :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| **Prénom :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Date et lieu de naissance :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  | **Nationalité :** | **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**  |
| **Situation de famille :** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | **Nombre d'enfants à charge :** \_ \_ \_ \_ \_ \_  |
| **Téléphone :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Adresse mail :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
| **N° I.N.S.E.E. :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Adresse :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **POUR UNE INSCRIPTION EN :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

**Validation demandée pour :**

* Titres ou diplômes étrangers.
* Formation suivie dans un établissement ou une structure de formation publique ou privée
* Expérience professionnelle acquise au cours d'une activité salariée ou non, ou d'un stage dans le domaine d'études requis
* Connaissances ou aptitudes acquises hors de tout système de formation

**(\*) ATTENTION – Ce dossier ne constitue pas le dossier d'inscription**

**VOTRE SCOLARITE**

|  |  |
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| **Baccalauréat ou titre équivalent : (série, mention)** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| **Année et lieu d'obtention :** | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |

## SCOLARITE EFFECTUEE APRES LE BACCALAUREAT (OU TITRE EQUIVALENT)\*

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| **Année universitaire** | **Etablissement fréquenté** | **Diplôme ou****examen préparé** | **Résultats obtenus** |
| **Succès** | **Echec** |
|  |  |  |  |

**Observations :** (service militaire, expérience professionnelle, séjours à l'étrangers, stage, etc)

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**Vos motivations :** Qu'attendez-vous des études choisies ?

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Si vous changez d'orientation, veuillez indiquer les raisons de ce changement :

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**\*** Dans d'autres situations de formation, reportez-vous à la partie "V**os acquis de formation**".

## VOS ACQUIS PROFESSIONNELS

Veuillez décrire chronologiquement vos différentes expériences professionnelles, en précisant les compétences exercées et les apprentissages réalisés.

Indiquez le niveau de responsabilité et joignez les documents justificatifs.

|  |  |  |
| --- | --- | --- |
| **Année** | Fonction, compétence, niveau de responsabilité**Lieux d'exercice (entreprise, ...)** | **Apprentissage réalisé** |
|  |  |  |

**VOS ACQUIS DE FORMATION**

Veuillez décrire chronologiquement les différentes formations suivies (études, stages, séminaires) et les apprentissages réalisés.

Fournir les attestations correspondantes : diplômes, attestations de stage, programmes, rapports éventuellement,....

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| --- | --- | --- |
| **Année** | **Formation** | **Apprentissage réalisé** |
|  |  |  |

## VOS ACQUIS PERSONNELS

Veuillez indiquer les acquis par ordre chronologique : responsabilités familiales, associatives, activités bénévoles, sportives, culturelles ; productions et réalisations personnelles, expériences sociales,....

|  |  |
| --- | --- |
| **Année** | **Expérience** |
|  |  |

**QUELS OBJECTIFS POURSUIVEZ-VOUS EN SOLLICITANT CETTE ADMISSION ?**

**OBJECTIFS PROFESSIONNELS :**

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**OBJECTIFS DE FORMATION :**

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**OBJECTIFS PERSONNELS :**

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| \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  |
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## VALIDATION DES EXPERIENCES PROFESSIONNELLES

***"Article D613-38 – Les études, les expériences professionnelles et les acquis personnels peuvent être validés en vue de l'accès aux différents niveaux des formations post-baccalauréat dispensées par un établissement relevant du ministre chargé de l'enseignement supérieur, dans les conditions fixées par les articles D. 613-39 à D. 613-50, sous réserve de dispositions législatives ou réglementaires particulières."***

**A. VOUS EXERCEZ ACTUELLEMENT UNE ACTIVITE PROFESSIONNELLE**

|  |  |
| --- | --- |
| Fonction exercée : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Dans l’entreprise : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Adresse : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |
| Téléphone : | \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ |

Ancienneté dans cette entreprise : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Activité à :** Temps plein 🞎 Temps partiel 🞎 précisez le pourcentage : \_ \_ \_ \_ \_%

Pensez-vous bénéficier d'un dispositif de formation continue ? OUI 🞎 NON 🞎

Pensez-vous pouvoir négocier une absence partielle ? OUI 🞎 NON 🞎

**B. VOUS ETES ACTUELLEMENT SANS EMPLOI**

🞎 Vous avez déjà exercé une activité salariée

Etes-vous inscrit(e) à Pôle Emploi ? 🞎 NON 🞎 OUI

Si oui : date d’inscription : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ , êtes-vous indemnisé(e) ? OUI 🞎 NON 🞎

Dernier emploi occupé : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

🞎 Vous avez cessé votre activité pour élever vos enfants et souhaitez reprendre une activité professionnelle.

🞎 Autre cas (précisez) : \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

## FINANCEMENT ENVISAGE DE LA FORMATION

|  |  |
| --- | --- |
|  | **Nom et coordonnées (téléphone, email, adresse) du responsable à contacter** |
| **Plan de formation entreprise** |  |
| **Congé individuel de formation** |  |
| **Autres (fonctionnaires, demandeurs d'emploi, ...)** |  |

Je certifie sur l'honneur l'exactitude des renseignements portés dans le dossier.

|  |  |
| --- | --- |
| Date : | Signature : |

**DECISION DU DIRECTEUR DE L'INSA Toulouse**

🞎 Inscription autorisée en :

🞎 Inscription refusée

Date :

|  |  |
| --- | --- |
| **Signature du Président de la Commission** | **Signature du Directeur de l'INSA Toulouse** |

**DEPOT DU DOSSIER**

La commission pédagogique chargée d'examiner les dossiers de demande de validation des acquis se réunit une fois par an au mois de juin.

Le présent dossier devra être joint au dossier de candidature et déposé ou adressé au Service Formation Continue à l’adresse ci-dessous.

**Date limite de dépôt : 30 Avril**

**FRAIS DE DOSSIER**

**150 €** correspondant aux frais d’examen et d’instruction de la candidature (chèque libellé à l’ordre de l’« Agent Comptable de l’INSA Toulouse » à joindre avec le dossier).

**PIECES A JOINDRE**

* Copie des diplômes obtenus et attestations avec traduction si nécessaire,
* Tous documents permettant d'évaluer vos acquis,
* Certificats de travail.

**Tout dossier incomplet sera classé sans suite.**

La liste des pièces demandées n'est pas limitative et le candidat peut compléter sa demande par tous documents susceptibles d'éclairer l'établissement sur la nature et le niveau des connaissances, ses acquis et ses apprentissages.

**SUIVI**

**La réponse sera adressée par courrier uniquement à chaque candidat.**

**Dossier à envoyer ou à déposer à :**

**Service Formation Continue INSA**

**135, avenue de Rangueil**

**31077 TOULOUSE Cedex 4**

**Contact :**

**Jessica AUTOLITANO**

**Tél. : 05.61.55.95.68**

**email :** **fc@insa-toulouse.fr**