

**Robotics Seminar**

**2025**

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| Institutional Data Sheet | |
| Erasmus ID code | F GUER01 |
| Course leader | Mr Yves Bergeon  Email: [yves.bergeon@st-cyr.terre-net.defense.gouv.fr](mailto:yves.bergeon@st-cyr.terre-net.defense.gouv.fr) |
| Erasmus+ coordinator | First Lieutenant (OF-1) Charlie Offerlin  E-mail: [cyr.international@st-cyr.terre-net.defense.gouv.fr](mailto:cyr.international@st-cyr.terre-net.defense.gouv.fr)  Phone: +33 2 97 70 73 75 |
| Dates | Start of the course: December 1, 2025  End of the course: December 5, 2025  *Dates may be subject to change* |
| Course description | After a presentation of the challenges in nowadays robotics and in military robotics, students will learn robotics by a practical approach (sensors, actuators, 3D vision, control of robots, avoidance of obstacle, direct and inverse kinematics, path planning …). Students will implement the moves on robots with wheels, humanoid robot -Nao- and legged robots. Help from teachers/researchers will be given including parts of scripts to concentrate the work of students on the main interesting parts. Work will be done by groups of students from different countries. |
| Student requirements | * B2 level in English * Bachelor level * Basics of rigid bodies kinematics & dynamics, programmation skills (at least basic programming in C, C++, Matlab) and some knowledge in signal processing. |
| Selection of cadets | To allow a maximum of countries to send their cadets, the number of participants is limited. The French Military Academy will select participants and will send confirmation to selected academies on September 27. In case of late registrations, we will consider them only if some places remain free. |
| Application deadline | **All applications must be submitted by September 20, 2025.** |
| Documents required for the application | * Application form * ID or Passport scan * 1 ID photo |
| Meals & Accommodations | According to EMILYO-LoD 5 (framework), accommodation, meals, and other expenses in relation to the education are free of charge for members of European Union Basic Officer Education Institutions (<http://www.emilyo.eu/node/982>). |
| Remarks | All incoming cadets must reach Rennes by their own means (the academy is located 45km from Rennes).  **We are not able to send a bus to pick up each cadet in Rennes on Monday, December 1**. Two solutions:   * Cadets take a taxi to the Military Academy. Price ≈ 90€; * A bus will pick up all the cadets in Rennes railway station at 11AM and Rennes airport at 11:30AM on Monday, December 1.   Departures: Saturday, December 6 (morning) |

***Application Form***

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| Insert Photo Here  (preferably a passport picture in jpg-format or attach the picture to the mail) |
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REMARKS:

* fill in 1 application form for 1 person;
* insert applicant’s photo;
* choose the course (and, if applicable, the module(s)) you would like to attend;
* send the completed form to: [cyr.international@st-cyr.terre-net.defense.gouv.fr](mailto:cyr.international@st-cyr.terre-net.defense.gouv.fr)

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| **Course** |
| **Robotics Seminar** |

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| **Male**  (click to mark) | **Female**  (click to mark) | **Rank** | **FAMILY NAME** | **First name(s)** |
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| **Date of birth**  (DD/MM/YYYY) | **Nationality** | **Passport or ID number** | **Passport or ID validity until** (DD/MM/YYYY) |
| **Click for date** |  |  | **Click for date** |

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| **Branch of Service** | **Sending institution’s name** | **I want to participate as ….**  (click to mark) | | | |
|  |  | Student | Instructor | Observer | Other |
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| **Phone number**  (please include country code) | **E-mail address** |
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| **Arrival** | | | | | |
| **… at Rennes airport**  (click to mark) | **… at Rennes train station**  (click to mark) | **… by (own) car**  (click to mark) | **License plate** (If arrival by car) | **Date** | **Time** |
|  |  |  |  | **Click for date** |  |

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| **Departure** | | | | |
| **… at Rennes airport**  (click to mark) | **… at Rennes train station**  (click to mark) | **… by (own) car**  (click to mark) | **Date** | **Time** |
|  |  |  | **Click for date** |  |

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| Special dietary or food requirements due to medical or religious reasons  (click to mark) | | **If yes**, please specify food you cannot eat |
| No | Yes |  |
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| **Additional remarks**  (need for special equipment, special travel arrangements, etc.) |
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| **POC at sending institution** | | | | |
| Male  (click to mark) | Female  (click to mark) | Rank, ac. degree(s) | FAMILY NAME | First name(s) |
|  |  |  |  |  |
| POC’s phone number (include country code) | | | POC’s e-mail address | |
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