

RECTORAT **Direcția Generală Secretariat Universitate
 Serviciul Studenți Străini****RECORD ENROLLMENT OF UNDERGRADUATE STUDIES CURRENCY OWN CON****All the data to be filled in capitals****SURNAME** _____ **NAME** _____

(according to the birth certificate):

SURNAME _____ **NAME** _____

(according to the passport):

PERMANENT ADDRESS OF THE PETITIONER **COUNTRY** (according to the passport) _____ **TOWN/CITY** _____ student U.M.F. „Carol Davila” Bucharest, in the first year, academic year **2017/2018**, the **Faculty of Medicine**, an extra charge (own expenses) **(the equivalent in lei of 6,000 euro/year)****BIRTH DATE:DD/MM/YY** _____ **PLACE OF BIRTH:** COUNTRY _____
TOWN _____**SEX: M / F: CIVIL STATUS: MARRIED / NOT MARRIED****CITIZENSHIP** _____**PARENT`S GIVEN NAMES: FATHER** _____ **MOTHER** _____**PASSPORT/I.D.:** SERIA ____ NR. _____ COUNTRY ISSUED BY _____
DATE OF ISSUE _____ VALADITY _____**ACTUAL PERMANENT RESIDENCE:** COUNTRY _____ TOWN _____**NAME OF THE SECONDARY SCHOOL** _____
BRANCH _____**YEAR** _____ **COUNTRY** _____ **TOWN** _____ **TYPE OF**
CERTIFICATE ISSUED _____ **INSTITUTION OF ACT**
STUDIES _____ **AVERAGE EXAMS** _____**PHONE NR.:** ROMANIA _____ ; **EMAIL ADDRESS** _____**DATE****SIGNATURE OF THE STUDENT**
