

RECTORAT

**Direcția Generală Secretariat Universitate
 Serviciul Studenți Străini**

RECORD ENROLLMENT OF UNDERGRADUATE STUDIES CURRENCY OWN CON All the data to be filled in capital letters

SURNAME _____ **NAME** _____
(according to the passport):

SURNAME _____ **NAME** _____
(according to the birth certificate)

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 **2018/2019**, 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 _____ VALID UNTIL _____

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
