

*University of Medicine and Pharmacy „Carol Davila” Bucharest
Romania*

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020021 Bucharest, Romania

**APPLICATION FOR EXCHANGE STUDENTS
ERASMUS PROGRAMME**

Student Name:
Type and programme of mobility:
Home Institution:
Period:
Faculty:
Field of study:

PHOTO

Personal data

Family name:
First name:
Sex:
Date of birth:
Place of birth:
Country of nationality:
Second country of nationality:

Current address

Street:
Postcode:
City:
Country:
Phone:
Mobile phone:
E-mail:

Person to notify in case of emergency

Name:
Phone:
E-mail:

Home institution

Country:
Institution:
Faculty/School/Department:
Begin of studies at this institution:

Current studies

Degree/Qualification pursued:
Study level:
Study area:
Numbers of years studied prior to mobility:

Details of mobility

Mobility programme
School/Institute/Faculty
Field of study:
Start semester:
Duration (semesters):
Duration (months):
Start of mobility (month/year):
End of mobility (month/year):
Planned date of arrival:

Host country language skills - ROMANIAN

Please appreciate your Romanian language knowledge using the **Common European Framework of Reference for Languages**
Understanding – listening
Understanding – reading
Speaking – spoken interaction
Speaking – spoken production
Writing
Certificates

English language skills

Please appreciate your English language knowledge using the **Common European Framework of Reference for Languages**
Understanding – listening
Understanding – reading
Speaking – spoken interaction
Speaking – spoken production
Writing
Certificates

Accomodation

Do you want to apply for a room in a student residence?

Signature of the student

I confirm that all details given in the application form are correct and complete.

I accept that my personal data are given to the bodies linked to the reception of foreign students.

Date _____ Signature _____

CONFIRMATION OF THE COORDINATOR

Institution _____

Name _____

Function _____

Department _____

Phone _____

Fax _____

E-mail _____

I certified that this student is allowed by our Institution to apply in the ERASMUS exchange programme.

Date _____ Signature and Stamp _____