ANNEX 2

Statement

I, the undersigned,

_____from

_____ hereby declare that:

1. The statements in the Registration form and the accompanying application file are truthfull;

2. I acknowledge and accept the fact that, in case of my selection due to a fraud (I have provided untruthfull data), the University will refuse my enrollment and all the fees paid up to that point are declared non-refundable;

3. I acknowledge and accept the fact that the file processing fee is non-refundable.

4. I have read and acknowledge the provisions of the information for the candidates-citizens from the E.U. countries, the European Economic Area (E.E.A.), the Swiss Confederation and the non-EU countries, regarding the entrance examination at the University of Medicine and Pharmacy "Carol Davila" Bucharest in the academic year 2022-2023.

5. I acknowledge the fact that the enrollment in your University is conditional upon obtaining the Letter of Acceptance to studies from the Ministry of Education.

In this respect, the University reserves the right to apply to the Ministry of Education for all the admitted candidates.

The candidates who meet the general requirements of the university and whose applications have been declared eligible may be enrolled provided that they pay half of the tuition fee.

In case the National Center for Recognition and Equivalence of Diplomas and the General Department of International Relations and European Affairs do not grant the official recognition of studies, the studies agreement concluded between the student and the University of Medicine and Pharmacy "Carol Davila" Bucharest ceases on the issuance date of the official document specifying the non-recognition of the documents of study, and the tuition fee paid by the student up to the time of the enrollment is non-refundable.

6. If I am admitted, but I do not confirm my seat or I withdraw, the university does not preserve my seat for the next year.

Date_____ Signature_____