

***University of Craiova***

DEPARTMENT OF INTERNATIONAL RELATIONS

**Craiova, Al.I. Cuza Street, no. 13, postal code: 200585,**

**Phone/ Fax: +40-251-419030**

**e-mail:** [**relint@central.ucv.ro**](mailto:relint@central.ucv.ro)**,**

[**www.ucv.ro**](http://www.ucv.ro)



**Registration Form**

**Romanian Language Courses**

**20\_\_-20\_\_**

**NB:**

1. **to be filled in electronically;**
2. **to be submitted by e-mail to Mrs. Monica Elena CRANTA, Department of International Relations (monicamacarau@yahoo.com);**
3. **Student personal data**

|  |  |
| --- | --- |
| **Family name** |  |
| **First name** |  |
| **Gender** | F (female)  M (male) |
| **Date of birth** |  |
| **Place of birth** |  |
| **Nationality** |  |
| **Personal e-mail address**  **(or fax number if the e-mail is not available)** | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(Fax:)* |
| **Additional e-mail address to be used in case of need** | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Other personal information**

|  |  |
| --- | --- |
| **Current address (in Romania)**  **(valid until \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_)** | Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Postal code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Telephone number of current address**  **(in Romania)** | +\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Student's Home University**

|  |  |
| --- | --- |
| **Name** |  |
| **Faculty/Department** |  |

1. **Host University (in case of studies) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name** |  |
| **Faculty/Department** |  |

1. **Host Organisation (in case of Placements) Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact person (Name/Surname)** |  |
| **E-mail/Tel./Fax of Contact person** | E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel. : +\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_  Fax: +\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ |

1. **Study/Placement Period**

|  |  |
| --- | --- |
| **Number of months** |  |
| **Starting date**  **(day/ month/ year)** | \_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_ |
| **Main subject of studies** |  |

1. **Language competence**

|  |  |
| --- | --- |
| **Language** |  |
| **Level of competence**  I (beginner); II (intermediate) |  |
| **Why do you want to learn the language?** |  |

***I confirm that the information provided in this application is true and accurate.***

***In case I have to withdraw from the course, I will inform the person in charge as soon as possible, and no later than \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

***Student’s confirmation (full name and surname)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_