



REGISTRATION FORM

ROMANIAN LANGUAGE COURSES

20 ____ -20 ____

NB:

1. to be filled in electronically;
2. to be submitted by e-mail to Mrs. Anca Gabriela MIC, Department of International Relations (mic.gabriela.anca@gmail.com);

• STUDENT PERSONAL DATA

Family name	
First name	
Gender	<input type="checkbox"/> F (female) <input type="checkbox"/> 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.g. Erasmus office address, etc.)	E-mail: _____ @ _____

• OTHER PERSONAL INFORMATION

Current address (in Romania) (valid until ___/___/_____)	Street: _____ City: _____ Postal code: _____ Country: _____
Telephone number of current address (in Romania)	+___/_____/_____

• STUDENT'S HOME UNIVERSITY

Name	
Faculty/Department	

• **ERASMUS HOST UNIVERSITY (IN CASE OF STUDIES)**

COUNTRY: _____

Name	
Faculty/Department	

• **ERASMUS HOST ORGANISATION (IN CASE OF PLACEMENTS)**

COUNTRY:.....

Name	
Contact person (Name/Surname)	
E-mail/Tel./Fax of Contact person	E-mail: _____ @ _____ Tel. : + ___/___/_____ Fax: + ___/___/_____

• **ERASMUS STUDY/PLACEMENT PERIOD**

Number of months of Erasmus period	
Starting date of Erasmus period (day/ month/ year)	___/___/___
Main subject of studies	

• **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: _____