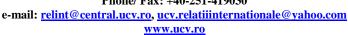


## University of Craiova DEPARTMENT OF INTERNATIONAL RELATIONS

Craiova, Al. I. Cuza Street, no. 13, postal code: 200585, Phone/ Fax: +40-251-419030





## REGISTRATION FORM ROMANIAN LANGUAGE COURSES 20 -20

NB:

Name

**Faculty/Department** 

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

## • STUDENT PERSONAL DATA

Family name	
First name	
Gender	F (female)
	M (male)
Date of birth	
Place of birth	
Nationality	
Personal e-mail address	E-mail:@
or fax number if the e-mail is not available)	(Fax:)
	E-mail:@
case of need (e.g. Erasmus office address, etc.)	
OTHER PERSONAL INFORMATION	
Current address (in Romania)	Street:
valid until/)	City:
	Postal code:
	Country:
Telephone number of current address	+/
in Romania)	
STUDENT'S HOME UNIVERSITY	

• 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?	
	1
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:	