

ERASMUS Programme

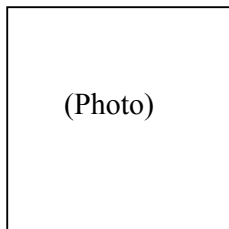


STUDENT APPLICATION FORM

ACADEMIC YEAR: 2010 / 2011

FACULTY OF CHEMISTRY

FIELD OF STUDY:



This application should be completed in **BLACK** and **with CAPITALS** in order to be easily copied / telefaxed.

| | |
|--|--|
| SENDING INSTITUTION : UNIVERSITY OF BUCHAREST (ERASMUS code: RO BUCURES09) | |
| Full address: | Blv. Mihail Kogălniceanu, 36-46, 050107, Bucharest, Romania. |
| ERASMUS Faculty coordinator: Prof. Lucian ROTARIU | |
| Telephone: 00 40 21 410 31 78 / 152, E-mail: lucian.rotariu@g.unibuc.ro | |
| Institutional coordinator : Prof. Mircea DUMITRU, International Relations Vice-Rector | |
| EU Programmes Office: tel. 00 40 21 307 73 23 // 24 // 83; fax: 00 40 21 313 46 20, 00 40 21 307 73 85 | |
| E-mail : intcoop@unibuc.ro , web: www.unibuc.ro | |

STUDENT'S PERSONAL DATA (to be completed by the student applying)

| | |
|------------------------------|-------------------------------|
| Family name: | First name (s): |
| Date of birth: | Place of Birth: |
| Sex:Nationality: | |
| Postal address: | Tel.: 004 / ____ / _____ |
| | Mobile: 004 / 07 ____ / _____ |
| | |
| | E-mail: |

THE INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM:

| Institution | Country | Period of study from to | | Duration of stay (months) | N° of expected ECTS credits |
|-------------|---------|----------------------------|--|---------------------------------|--------------------------------------|
| | | | | | |

Name of student:

Sending institution: **UNIVERSITY OF BUCHAREST**

Country: **ROMANIA**

LANGUAGE COMPETENCE

Mother tongue: Language of instruction at home institution (if different):

| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
|-----------------|---------------------------------------|--------------------------|--|--------------------------|--|--------------------------|
| | yes | no | yes | no | yes | no |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

| Type of work experience | Firm/organisation | Dates | Country |
|-------------------------|-------------------|-------|---------|
| | | | |
| | | | |

PREVIOUS AND CURRENT STUDY

Diploma/degree for which you are currently studying: bachelor // master // doctoral degree

Total number of **higher education study years prior to departure abroad**:

Have you already been studying abroad? Yes No

If Yes, when? At which institution?

The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad?
Yes No

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above-mentioned student is provisionally accepted at our institution
 not accepted at our institution

Departmental coordinator's signature

Institutional coordinator's signature

.....
Date: Date:

**ECTS - EUROPEAN CREDIT TRANSFER SYSTEM
LEARNING AGREEMENT
ACADEMIC YEAR 2010 / 2011**

FACULTY OF CHEMISTRY

FIELD OF STUDY:

| |
|---|
| Name of student: |
| Sending institution: UNIVERSITY OF BUCHAREST Country: ROMANIA |

DETAILS OF THE PROPOSED STUDY PROGRAMME ABROAD / LEARNING AGREEMENT

| | |
|------------------------------|----------------|
| Receiving institution: | Country: |
|------------------------------|----------------|

| Course unit code (if any) | Course unit title (as indicated in the information package) | Number of ECTS credits |
|------------------------------|---|-----------------------------|
| | | |
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| | | |
| | | |
| | (If necessary, continue the list on a separate sheet) | TOTAL ECTS: |

| | |
|----------------------------------|--------------------|
| Student's signature | Date: |
|----------------------------------|--------------------|

| | |
|---|--|
| SENDING INSTITUTION: UNIVERSITY OF BUCHAREST | |
| We confirm that the proposed programme of study / learning agreement is approved *. | |
| Faculty coordinator's signature | ERASMUS Institutional coordinator's signature Prof. Mircea DUMITRU, Vice-Rector |
| Date: | Date: |

| | |
|--|--|
| RECEIVING INSTITUTION | |
| We confirm that this proposed programme of study/learning agreement is approved *. | |
| Departmental coordinator's signature | ERASMUS Institutional coordinator's signature |
| Date: | Date: |

*Not valid without the official stamp.