



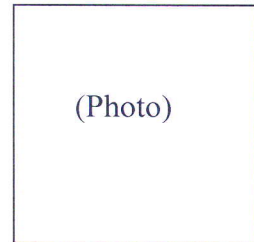
ERASMUS Programme

STUDENT APPLICATION FORM

ACADEMIC YEAR: 2009 / 2010

FACULTY OF

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:

Telephone Fax number:

E-mail box:

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.:

..... Mobile:

.....

..... E-mail:

THE INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM:

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

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:

