



UNIVERSITY OF CRAIOVA

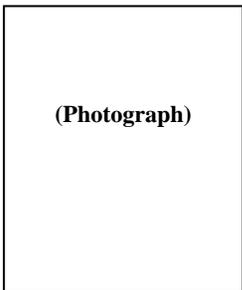
LLP/ERASMUS Office

13, Al. I. Cuza St.
200585 Craiova, Romania
tel./fax: +40 251 419030
e-mail: giuroiu@central.ucv.ro

STUDENT APPLICATION FORM

ACADEMIC YEAR 20.../ 20...

FIELD OF STUDY: _____ (subject area: _____)



(Photograph)

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

SENDING INSTITUTION

Name			
Full address			
Department coordinator	Name		
	Telephone		Fax
	E-mail		
Institution coordinator	Name	Nicolae Panea	
	Telephone	+40 251 419030	Fax +40 251 419030
	E-mail		

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

Family name (surname)		
First name (given name)		
Sex	<input type="checkbox"/> male	<input type="checkbox"/> female
Current nationality		
Place of birth (country, town)		
Date of birth (dd/mm/yy)		
Current address		
	Valid until	
	Telephone	
Permanent address (if different)		
	Telephone	
E-mail		

LIST OF INSTITUTIONS, WHICH WILL RECEIVE THIS APPLICATION FORM

(In order of preference):

Institution	Country	Period of study		Duration of stay (months)	N° of expected ECTS credits
		From	To		

Briefly state the reasons why you wish to study abroad?
.....

Do you wish to apply for a mobility grant to assist towards
the additional costs of your study period abroad?

Yes No

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"/>

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		Number of higher education study years prior to departure abroad
Have you already been studying abroad?	If Yes, when? At which institution?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		

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.

SENDING INSTITUTION

Departmental coordinator's signature	Institutional coordinator's signature
_____	Prof.univ.dr. Nicolae PANEA _____
Date:	Date:

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:

- | |
|--|
| <input type="checkbox"/> Provisionally accepted at our institution |
| <input type="checkbox"/> Not accepted at our institution |

Departmental coordinator's signature

Institutional coordinator's signature

Date:

Date: