



ERASMUS STUDENT APPLICATION FORM

(Photo)

ACADEMIC YEAR: 20.... / 20.... FIELD OF STUDY:

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

Deadlines for receiving the applications:

1st semester / or full academic year:

30 June

2nd semester:

15 December

Queries about your application:

Dariana Morena Savici

(in charge of incoming ERASMUS students)

Tel/Fax: +40-257-285-813

E-mail: erasmus@uvvg.ro

SENDING INSTITUTION

Name and full address:.....

Institutional coordinator - name, phone and fax numbers, e-mail address:
.....

Departmental coordinator - name, phone and fax numbers, e-mail address:
.....

STUDENT'S PERSONAL DATA

Family name:.....

First and middle name (s):.....

Date of birth:.....

Place of Birth:.....

Nationality:.....

Passport/ID No:.....

Current address:.....
.....

Permanent address (if different):
.....

City and Postal code:.....

E-mail:.....

Country:.....

Tel (including country code):.....

Sex: female / male

We inform you that filling in all the requested information is compulsory. To protect your Personal Data your file is used for administrative and data history purposes only.

PERIOD OF STUDY AT THE "VASILE GOLDIS" WESTERN UNIVERSITY

From.....20...to.....20..

Duration of stay:.....(months)

Semester 1st / 2nd

Level of knowledge of Romanian.....

Do you wish to study Romanian? YES/ NO

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

.....

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"/>

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? 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.

Signature of student:	Date:
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SENDING INSTITUTION

We confirm that Mr./Mrs is a registered student of our institution and he/she is in good financial and academic situation.

He/She has been nominated as an exchange student at “Vasile Goldis” Western University Arad, Romania (RO Arad02).

Signature of Erasmus Coordinator: Date:.....	Signature of Departmental Coordinator: Date:.....
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RECEIVING INSTITUTION

Hereby we acknowledge the receipt of

The above-mentioned student is

Departmental coordinator’s signature:
.....
Date:.....

Institutional coordinator’s signature:
.....
Date:.....

the application;
 the proposed learning agreement;
 the candidate’s Transcript of records.

provisionally accepted at our institution.
 not accepted at our institution.