ECTS – EUROPEAN CREDIT TRANSFER SYSTEM

STUDENT APPLICATION FORM

ACADEMIC YEAR 2016/2017

FIELD OF STUDY: ..........................................................

This application should be completed in BLACK in order to be easily copied and/or faxed. You are kindly asked to fill in all the fields!

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

Citizenship: ............................................................... 
First name(s): ...........................................................
Family name: ...........................................................
Sex: .................................................................
Level of study: Bachelor ☐ Master ☐ Ph D ☐
Date of birth: ....................................................... 
E-mail address: ........................................................
Place of Birth: ....................................................... 
Permanent address (if different): ................................
Current address: .....................................................
..............................................................................
..............................................................................
..............................................................................
..............................................................................
Current address is valid until: .........................
Telephone.................................................................

SENDING INSTITUTION:

Name and full address (Street Number, City, Country)
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
Erasmus coordinator (name, telephone and fax numbers, e-mail)
.................................................................................................................................
.................................................................................................................................
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LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (in order of preference):

<table>
<thead>
<tr>
<th>Institution</th>
<th>Country</th>
<th>Period of study from</th>
<th>to</th>
<th>Duration of stay (months)</th>
<th>N° of expected ECTS credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ..........</td>
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<td>2. ..........</td>
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<td>3. ..........</td>
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</table>
Briefly state the reasons why you wish to study abroad
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LANGUAGE COMPETENCE

Mother tongue: ......................

Language of instruction at home institution (if different): .......................  

<table>
<thead>
<tr>
<th>Other languages</th>
<th>I am currently studying this language</th>
<th>I have sufficient knowledge to follow lectures</th>
<th>I would have sufficient knowledge to follow lectures if I had some extra preparation</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>yes</td>
<td>no</td>
<td>yes</td>
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<td>..................</td>
<td>no</td>
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</tbody>
</table>

WORK EXPERIENCE RELATED TO CURRENT STUDY (if relevant)

<table>
<thead>
<tr>
<th>Type of work experience</th>
<th>Firm/organisation</th>
<th>Dates</th>
<th>Country</th>
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<tbody>
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</tbody>
</table>

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, please indicate the period of stay and the institution. .................................................

ERASMUS STUDENT NETWORK CLUJ-NAPOCA

Do you want to be assisted by an ESN tutor? 
Yes □  I agree to provide to ESN Cluj-Napoca my email contact!
No □
RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s letter of confirmation.

The above-mentioned student is

- [ ] provisionally accepted at our institution
- [ ] not accepted at our institution

Institutional coordinator’s signature

............................

Date: ..............................................................

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You are requested to send also:

- Photocopy of your passport (page with your personal information) / ID card (if you are EU citizen);
- Letter of confirmation proving that you have been selected as Erasmus student for a study mobility to Universitatea Babeş-Bolyai;
- Learning Agreement signed by your Erasmus departmental and institutional coordinators;
- 2 passport size photos.

Deadlines for submitting the necessary documents for academic enrollment:


The requested documents must by send email **AND in original by postal service** to:

**Bianca Bota**

UNIVERSITATEA BABEŞ-BOLYAI
Office for Community Programs
Centre for International Cooperation
str. Avram Iancu, nr. 68
RO-40 0083 Cluj-Napoca
ROMANIA

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Date: 

Student signature: