**BABEŞ-BOLYAI UNIVERSITY CLUJ-NAPOCA**

CENTRE FOR INTERNATIONAL COOPERATION

68, Avram Iancu St., RO – 40 0083, Cluj-Napoca, România

Phone. +40/264/429762 Fax: +40/264/429755

E-mail: bianca.bota@ubbcluj.ro

***Erasmus+ with partner countries***

|  |
| --- |
| **Photograph**  |

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2019/2020**

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

Please fill in this application with a black pen 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 for the* *Erasmus+ grant)*  Citizenship: .......................................................... Family name: ....................................................... Sex: ...................................................................... Date of birth: ....................................................... Place of Birth: ..................................................... Current address: .................................................. .............................................................................. .............................................................................. Current address is valid until: .............................   |    Permanent address (if different): ................................................................................................................................................................................... First name(s): ................................................................. Level of study: Bachelor ⁭ Master  Ph D  E-mail address: ………………………………............... ..........................................................................................Telephone......................................................................... Passport Nr. and date of issue:........................................ ..........................................................................................  |

**SENDING INSTITUTION:**

Name and full address (Street Number, City, Country)

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

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

Erasmus coordinator (name, telephone and fax numbers, e-mail)

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

|  |
| --- |
| **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  |
|  English .......................... ..........................  | yes  | no  | yes  | no  | yes  | no  |
|     |     |     |     |     |     |

|  |
| --- |
| **PREVIOUS AND CURRENT STUDY** Have you ever been an Erasmus student before? Yes or No If yes, was it a Mobility for Study or Placement Number of months: Year of mobility: Host university:  |

Briefly state the reasons why you wish to study abroad

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

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

**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 Institutional Coordinator: ..................................  not accepted at our institution

Signature: ........................................................... Date :................................................................................

You are requested to send also:

* Photocopy of your passport (page with your personal information) / ID card (if you are EU citizen);
* Learning Agreement signed by your Erasmus departmental and institutional coordinators;
* 2 passport size photos.

Deadlines for submitting the necessary documents for academic enrollment:

* Academic year 2016/2017: ………………………………………..…... July 15, 2017
* Academic year 2016/2017– first semester: ……………………….…….. July 15, 2017
* Academic year 2016/2017– second semester: ………………….... December 15, 2017

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

**Bianca Bota**

UNIVERSITATEA BABEȘ-BOLYAI

Office for Community Programs Centre for International Cooperation str. Avram Iancu, nr. 68

RO-40 0083 Cluj-Napoca

ROMANIA

Date: Student signature: