1. **APPLICATION FORM FOR ERASMUS EXCHANGE STUDENTS – GENERAL INFORMATION**

Photo

**PLEASE FILL IN CLEARLY – USE CAPITALS IF FILLED OTHER THAN ELECTRONICALLY**

**Type of ERASMUS mobility**

🗌 Study

🗌 Practical placement

**Student’s personal data** *(to be completed by the student applying)*

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| --- |
| Family name:       |
| First name(s):       | male [ ]  female [ ]  |
| Date of birth: dd/mm/yyyy | Place of birth:       |
| Country of birth:       | Nationality:       |
| Passport number:       | Marital status: married [ ]  single [ ]  |
| **Current address: (any correspondence, including the letter of acceptance will be sent to this address):**Street & number:      Postal code & city:      Country:       | Permanent address (if different):Street & number:      Postal code & city:      Country:       |
| Phone no:       | **e-mail**:       |

**Sending institution:**

|  |  |
| --- | --- |
| Name, ERASMUS code and full address | **Transilvania University of Brasov; RO BRASOV01, B-dul Eroilor no. 29, Rectorat Building, room 205, CP 500036, Brasov, Romania** |
| Faculty/Department coordinator | Name:       | Fax:       |
|  | Phone:       | e-mail:       |
| Institutional coordinator | Name: Prof. Dr. Eng. Simona Lache | Fax: +40-268473473 |
|  | Phone: +40-268473473 | e-mail: erasmus@unitbv.ro |

**Receiving institution:**

|  |  |
| --- | --- |
| Name, ERASMUS code and full address |  |
| Departmental coordinator | Name:       | Fax:       |
| Phone:       | e-mail:       |
| Institutional coordinator | Name:       | Fax:       |
| Phone:       | e-mail:       |

Previous education

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| Level of study: 🗌 Bachelor’s 🗌 Master’s 🗌 Doctoral studies |
| For how many years have you been enrolled at home institution?       |
| How many semesters have you completed prior to your departure abroad?       |

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| State briefly the reasons why you wish to study abroad.      |

The field of study you wish to be registered at the receiving institution

|  |
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| Faculty:  |
| Study Program:  |

Period of the study/practical placement you wish to be registered at host institution (day/month/year)

[ ]  Autumn semester: from …………….to ……………….. [ ]  Spring semester: from ………….….to ……………….

[ ]  Whole academic year: from …………….to ……………….. [ ]  Other: from …………….to ………………..

**I hereby I declare that all information provided in this application form and the enclosures is correct:**

|  |
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| Date, place:      Student’s signature: |

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| **To be signed by the TRANSILVANIA UNIVERSITY OF BRASOV, RO BRASOV01 (sending institution):** |
| Title of the signatory | Erasmus Faculty / Department Coordinator | Responsible for Erasmus+ outgoing mobility |
| Name of the signatory |  | Professor Dr. Camelia DRAGHICI |
| Date: | Signature: | Signature:Stamp |

|  |
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| **To be signed by the host institution (receiving institution)** |
| **The above mentioned student is: 🗌** **accepted at my institution 🗌 not accepted at my institution** |
| Name of partner university, ERASMUS code: |
| Name of the signatory: |
| Title of the signatory: | Email of the signatory: |
| Date:  | Signature:Stamp |