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)*

|  |  |
| --- | --- |
| 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

|  |
| --- |
| 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? |

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

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

|  |
| --- |
| 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:**

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

|  |  |  |
| --- | --- | --- |
| **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 |

|  |  |
| --- | --- |
| **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 |