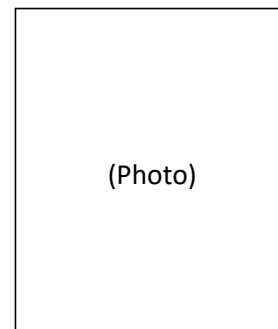


STUDENT APPLICATION FORM

ACADEMIC YEAR:

FIELD OF STUDY:



This application should be completed in **BLACK** in order to be easily copied and/or scanned.
SENDING INSTITUTION

SENDING INSTITUTION

Name and full address:

Departmental coordinator – name, telephone number, e-mail address:

.....

Institutional coordinator – name, telephone number, e-mail address:

.....

STUDENT'S PERSONAL DATA

(to be filled in by the applicant)

Family name: First name(s):

Date of birth...

Sex: Nationality: Email address:

Place of birth: Current address & telephone
 no.:

THE INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		from	to		

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"/>

WORK EXPERIENCE RELATED TO CURRENT FIELD OF STUDY (if relevant)

Type of work experience	Firm / organization	Dates	Country
.....
.....

ACADEMIC BACKGROUND

Diploma/degree for which you are currently studying: BA MA PhD

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 unknown at the time of application will be provided at a later stage.

EMERGENCY CONTACT INFORMATION

Name 1: Telephone:	Relationship: E-mail address:
Name 2: Telephone:	Relationship: E-mail address:
Family doctor's name and phone number:	
INSURANCE INFORMATION	
Type of insurance: <input type="checkbox"/> European Health Insurance card (EHIC) <input type="checkbox"/> Private insurance company <input type="checkbox"/> Other:	
Name of insurance company:	
EHIC identification no / Insurance policy no.:	Insurance coverage period: from..... to

Comments (please include any medical information you would want an emergency care provider to know – e.g.: blood type, allergies, dietary restrictions etc.).....

In the event of an emergency and for my own safety, I hereby authorize *Alexandru Ioan Cuza* University of Iasi to use any and all of the information specified above.

MOTIVATION

CONSENT FOR PERSONAL DATA PROCESSING

The personal data filled in above is processed, stored and shared by the personnel of Alexandru Ioan Cuza University of Iasi, during the application process and throughout the duration of the student mobility, in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and Law no. 190/2018 on measures to implement (EU) Regulation 2016/679 on the protection of individuals with regard to the processing of personal data and the free movement of such data and the repeal of Directive 95/46 / EC (General Data Protection Regulation).

By filling and signing this student application form, the beneficiary gives their consent to the processing and storage of personal data by the employees of the institution and the sharing of personal data to other state authorities, respectively.

Date:

Student's signature: