

**The "Ion Ionescu de la Brad" University of Agricultural Sciences
and Veterinary Medicine of Iasi, Romania**

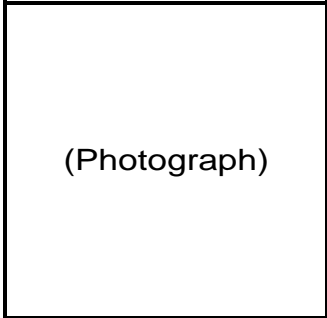
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STUDENT APPLICATION FORM

ACADEMIC YEAR _____

FIELD OF STUDY:



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

<p>SENDING INSTITUTION</p> <p>Name and full address:</p> <p>Departmental coordinator – name, telephone and telefax numbers, e-mail box:</p> <p>Institutional coordinator – name, telephone and telefax numbers, e-mail box:</p>
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STUDENT'S PERSONAL DATA
(to be completed by the student applying)

Family name:	First name(s):
Date of birth:	
Sex: Nationality:	
Place of birth:	
Current address:	Permanent address (if different):
.....
.....
Current address is valid until:
Tel.:	Tel.:

LIST OF INSTITUTIONS WHICH WILL RECEIVE THIS APPLICATION FORM (In order of preference):

Institution	Country	Period of study		Duration of stay (months)	No. of expected ECTS credits
		from	to		
1.
2.
3.

Sending institution Country:

Briefly state the reasons why you wish to study abroad?

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
.....	#	#	#	#	#	#
.....	#	#	#	#	#	#
.....	#	#	#	#	#	#

WORK EXPERIENCE RELATED TO CURRENT STUDY (If relevant)

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

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, when? At which institution?

The attached Transcript of records includes full details of previous and current higher education study. Details non known at the time of application will be provided at a later stage.

Do you wish to apply for a mobility grant to assist towards the additional costs of your study period abroad? Yes # No #

RECEIVING INSTITUTION

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate's Transcript of records.

The above mentioned student is # provisionally accepted at our institution
 # not accepted at our institution

Departmental coordinator's signature Institutional coordinator's signature

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 Date: Date: