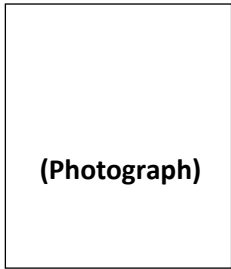


Application Form for FREE MOVERS



Family name:
First name:
Date of birth: nationality:
Current address:
Country:
Phone: Fax: email:@.....

Proposed period of study at Grigore T. Popa University of Medicine and Pharmacy:

From: / / **To:** / /

Academic background

Home university:
City: Country:
Faculty:
Main Field(s) of study:
Degree for which you are currently studying
Years of study in higher education:

Language skills

Native language:
English: good very good
Romanian: () beginner () intermediate () advanced

Other information

Person to be contacted in case of emergency:

Name:

Address:

Telephone:

Date: / / Student's signature

Please **mail** the form to: mihaela.sirota@umfiasi.ro

