



**UNIVERSITATEA CREȘTINĂ "DIMITRIE CANTEMIR"**

"DIMITRIE CANTEMIR" CHRISTIAN UNIVERSITY, BUCHAREST, ROMANIA

LLP-ERASMUS

**STUDENT APPLICATION FORM**

ECTS - EUROPEAN CREDIT TRANSFER SYSTEM

ACADEMIC YEAR 2009 / 2010

FIELD OF STUDY: .....

**SENDING INSTITUTION (ERASMUS Code) :**

Name and full address:

Department coordinator – Name : .....

Telephone : ( \_\_\_\_ ) ( \_\_ ) \_\_\_\_\_ . Fax : ( \_\_\_\_ ) ( \_\_ ) \_\_\_\_\_

E-mail : ..... @ .....

Institutional coordinator - name, telephone and fax numbers, e-mail box:

**Tel.:**

**Fax:**

**STUDENT'S PERSONAL DATA** (to be completed by the student applying)

Family name: .....

First name (s): .....

Date of birth: .....

Sex: M / F .Nationality: .....

Place of Birth: .....

Telephone no:.....

**Internal Code**

(Erasmus Bureau of University)

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(Photo)

Permanent address (if different): .....

E-mail address: .....



**RECEIVING INSTITUTION**

**DIMITRIE CANTEMIR UNIVERSITY**

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

Date: .....

Date: .....