

Erasmus Letter of Intention
The University of Medicine and Pharmacy "Carol Davila"

Personal Data

First Name _____ Family Name _____

Place of Birth _____ Date of Birth (DD/MM/YYYY) _____

Nationality _____ Sex (M/F) _____

Address

Street _____

Postcode _____ City _____

District _____ Country _____

Phone _____ Mobile _____

E-mail _____

Home University

Name _____

Country _____ City _____

Previous and Current Studies

Diploma/Degree for which you are currently studying (e.g. Medicine) _____

Number of higher education years prior to departure abroad _____

Year of your university entrance qualification _____

Planned Studies at the "Carol Davila" University of Medicine and Pharmacy

Purpose of your stay:

studies , practical training/internship , project work for your diploma paper

Programme (e.g. Medicine) _____

Department _____

Start date _____ Duration _____ semester(s)

Language qualifications

Proficiency in Romanian (1) 1 2 – I have sufficient knowledge to attend lectures

English (2) – I speak a common language

– I have basic knowledge

– I only have poor knowledge

Other foreign languages _____

Accommodation

Do you want to apply for a room in a student residence ? (Y/N) _____

Signature _____