



UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE  
**GRIGORE T. POPA IAȘI**

Str. Universității nr.16, 700115, Iași, România  
www.umfiasi.ro

REGISTRATION FORM  
ACADEMIC YEAR **2023 / 2024**, YEAR OF STUDY \_\_\_\_\_  
**DENTAL MEDICINE**

1. Student's surname and name \_\_\_\_\_

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2. Actual name (after marriage, being adopted or modified at request, if necessary) \_\_\_\_\_
3. Date of birth: day \_\_\_\_\_, month \_\_\_\_\_, year \_\_\_\_\_,
4. Personal Identification Number \_\_\_\_\_
5. Place of birth: town/city \_\_\_\_\_, county \_\_\_\_\_, country \_\_\_\_\_
6. Nationality \_\_\_\_\_
7. Citizenship \_\_\_\_\_
8. **Permanent** residence: Country \_\_\_\_\_, County \_\_\_\_\_, Town/city \_\_\_\_\_, Street \_\_\_\_\_, Street no. \_\_\_\_\_, building \_\_\_\_\_, floor \_\_\_\_\_, apart. \_\_\_\_\_
9. Residence in Iași: Street \_\_\_\_\_, Street no. \_\_\_\_\_, building \_\_\_\_\_, floor \_\_\_\_\_, apart. \_\_\_\_\_
10. Email \_\_\_\_\_
11. Mobile number \_\_\_\_\_
12. Parents:
  - a. Father's name \_\_\_\_\_
  - b. Mother's name \_\_\_\_\_
13. Marital status: single / married
14. Name of previous university \_\_\_\_\_  
(if the student has a degree)
15. Contact details of the person designated for emergency situations \_\_\_\_\_

**I, the undersigned, declare the above on my own responsibility.**

**I know and accept the Regulations for Undergraduate Studies of the Grigore T. Popa University of Medicine and Pharmacy Iasi.**

Date \_\_\_\_\_

Signature \_\_\_\_\_



SECRETARIAT FACULTATE

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