



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, 1ST YEAR OF STUDY

1. Student's surname and name _____

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. Citizenship _____
7. **Permanent** residence: Country _____, County _____, Town/city _____, Street _____, Street no. _____, building _____, floor _____, apart. _____
8. Residence in Iași: Street _____, Street no. _____, building _____, floor _____, apart. _____
9. Email _____
10. Mobile number _____
11. Parents:
 - a. Father's name _____
 - b. Mother's name _____
12. Marital status: single / married
13. Name of previous university _____
(if the student has a degree)
14. 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

+40 232 301 866 tel / +40 232 301 626 fax

dec_med@umfiasi.ro

