



**GRIGORE T. POPA UNIVERSITY OF
MEDICINE AND PHARMACY IASI**

16, Universității Street, 700115, Iași, România
www.umfiasi.ro

REGISTRATION FORM
ACADEMIC YEAR 2023 / 2024, 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_____



FACULTY SECRETARIAT

+40 232 213573

bioinginerie@umfiasi.ro



WORLD FEDERATION FOR
MEDICAL EDUCATION



eua EUROPEAN
UNIVERSITY
ASSOCIATION