



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

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

Nu are datorii la Biblioteca Centrală
U.M.F."Grigore T. Popa" Iași

REGISTRATION FORM
ACADEMIC YEAR 2022 / 2023, YEAR OF STUDY _____

1. Student's surname and name _____

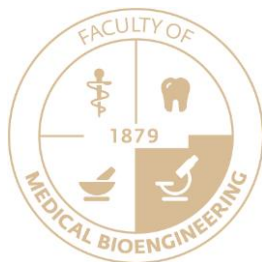
2. Actual name (after marriage, being adopted or modified at request, if necessary) _____
3. Date of birth: day _____, month _____, year _____,
4. Personal Identification Number _____
5. Place of birth: town/city _____, county _____, country _____
6. Citizenship _____
7. Permanent residence: Country _____, 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

