

CENTRUL NAȚIONAL DE RECUNOAȘTERE ȘI ECHIVALARE A DIPLOMELOR

No.

APPLICATION

for recognition of studies for enrollment to undergraduate studies 2020-2021 university year

*write clearly in block capitals

| 1. Family name | |
|---------------------------|---|
| 2. First name | |
| 3. Previous names | |
| 4. Gender M | F |
| 5. Date of birth | day month year |
| 6. E-mail | |
| 7. Educational backgrou | ınd: |
| 7.1 Name of the diplom | a (certificate) issued |
| | |
| 7.2 Name of high schoo | |
| Country | Place |
| 7.3 Date of admission | |
| 7.4 Date of completion | |
| 8. Name of the universi | ty previously attended in Romania |
| 9. Enrollment to studies | s in Romania: |
| 9.1 University | |
| 9.2 Name of the faculty | |
| 10. I do hereby declare o | n my on liability that knowing the dispositions of art. 326 of the Criminal Code that all |
| | nts furnished here are true and accurate to the best of my knowledge. |
| • | I have taken note of the information with regard to the processing of personal data, |
| _ | e Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April |
| movement of such data. | of natural persons with regard to the processing of personal data and on the free |
| 12. The statement of re | cognition will be: |
| | ED by the applicant or an authorized person holding a power of attorney |
| conceted from iven | ED by the applicant of an authorized person holding a power of attorney |
| sent to institution (| name of the Romanian institution the applicant is seeking enrollment at) |
| sent by nost to the | following address (name of contact person and full address) |
| sent by post to the | ronowing address (name or contact person and ran address) |
| | |
| | |
| | |
| by courier with pay | ment upon arrival (the applicant contacts the mailing company) |
| Data | Signature |
| Date | Signature |