

CENTRUL NAȚIONAL DE RECUNOAȘTERE ȘI ECHIVALARE A DIPLOMELOR

No.

APPLICATION

for recognition of studies for enrollment to undergraduate studies 2021-2022 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 background	und:
7.1 Name of the diplom	na (certificate) issued
7.2 Name of high school	
Country	Place
7.3 Date of admission	
7.4 Date of completion	
8. Name of the universi	ity previously attended in Romania
9. Enrollment to studie	s in Romania:
9.1 University	
9.2 Name of the faculty	
10. I do hereby declare d	on 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.
•	t I have taken note of the information with regard to the processing of personal data,
_	ne 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	ocognition will be:
	RED by the applicant or an authorized person holding a power of attorney
collected from NCN	LD 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)
scrit by post to the	Tollowing address (fiame of contact person and full address)
-	
by courier with pay	ment upon arrival (the applicant contacts the mailing company)
Date	Signature