

**APPLICATION FORM
(ACADEMIC YEAR 2019 – 2020)**

I. Dear candidate, by signing the application form, you acknowledge that you apply for:
Medicine (English) study program

II. Dear candidate, please fill in the form below with your personal information using CAPITAL LETTERS:

Surname: _____

First name: _____

Place and date of birth: _____

Gender: M F

Citizenship: Country: _____ EU / non-EU

Passport series and number: _____, issued on _____,
date of expiry _____

Address (street, no, town, postal code, country):

Phone number: _____

E-mail address: _____

Date _____ **Signature** _____

3. Declaration

I hereby declare under my own liability that:

1. I have read and acknowledged the information for international applicants regarding admission to the University of Medicine and Pharmacy of Craiova for the academic year 2019 - 2020.

2. I acknowledge and agree that in case of being selected as a result of fraud (i.e. I provided information that is not in compliance with actual facts), the University shall refuse my enrollment and that all previously paid fees are non-refundable.

3. The information entered in the application form, CV and the application file attached, is in compliance with actual facts.

4. I acknowledge and agree that if I fail in sending all required documents in the specified timeframe, I will be disqualified.

4. I acknowledge that if I am considered eligible, I have to reserve my place by paying half of the annual tuition fee, otherwise I will be disqualified.

5. I acknowledge and agree that the final enrollment in the University is only granted after the recognition of my high school studies is issued by the Romanian Ministry of National Education.

6. If I am accepted but withdraw or don't come for the enrollment until the deadline established by the methodology of admission, I acknowledge that the University will not keep my place for the following year and any fees that I previously paid are non – refundable.

7. I acknowledge and agree that breaking international and local law enforcement, failure to comply in due time with legal requirements or not being able to obtain my study visa leads to immediate termination of my studies at the University of Medicine and Pharmacy of Craiova, in which case any fees that I previously paid are non – refundable.

Date _____ Signature _____