

## ROMANIA DUNAREA DE JOS UNIVERSITY OF GALATI ERASMUS+: KEY ACTION 1 – STUDENT MOBILITY



### APPLICATION FORM FOR INCOMING ERASMUS+ STUDENTS<sup>1</sup>

#### **ACADEMIC YEAR 2020/2021**

| I. PERSONAL DATA  |  |           |             |       |                                  |
|---|--|-----------|-------------|-------|----------------------------------|
| 1. First name and middle name   |  |           |             |       |                                  |
| 2. Family name (Surname)  |  |           |             |       |                                  |
| 3. Date of birth, Place of birth  | (dd) (mm)                                      | (yy)      |             |       | (Please, insert your photo here) |
| 4. Citizenship  |  | 1         |             |       | jour photo here,                 |
| 5. Gender   | ☐Male ☐Female                                  |           |             | 1     |                                  |
| 6. Permanent home address   |  |           | 1           |       |                                  |
| 7. Personal contact details   | Phone:   |           | Fax:        | Е     | -mail:                           |
|   |  |           |             |       |                                  |
| II. SENDING (HOME) INSTITU  | UTION AND                                      | EDUCA'    | ΓΙΟΝ BACKGI | ROUND |                                  |
| Sending University  |  |           |             |       |                                  |
| City/Country  |  |           |             |       |                                  |
| Erasmus code  |  |           |             |       |                                  |
| Field of study and ISCED code)  |  |           |             |       |                                  |
| Year and level of study   | (bachelor/ma                                   | aster/doc | torate)     |       |                                  |
| Name and contact details of the departmental coordinator in the Home University | Name:<br>E-mail:<br>Phone/fax:<br>Postal addre | ss:       |             |       |                                  |

| Name and contact details of the institutional coordinator in the Home University                | Name:<br>E-mail:<br>Phone/fax:<br>Postal address: |  |  |  |  |  |
|---|---|--|--|--|--|--|
| We hereby acknowledge that the student was selected for placement at the Receiving Institution. |   |  |  |  |  |  |
| Academic coordinator's name and signature   |   | Institutional coordinator's name and signature |  |  |  |  |
|   |   |  |  |  |  |  |
| Date:   |   | Date:  |  |  |  |  |

<sup>&</sup>lt;sup>1</sup> This document will be filled in ONLY electronically and will be sent by email to erasmus@ugal.ro.



# ROMANIA DUNAREA DE JOS UNIVERSITY OF GALATI ERASMUS+: KEY ACTION 1 – STUDENT MOBILITY



#### III. RECEIVING INSTITUTION

| III. KECEIVING INSTIT   | UTION                                  |  |  |               |                                |                                 |  |  |  |
|---|--|--|--|---------------|--------------------------------|---------------------------------|--|--|--|
| Institution   | City/Country                           |  | iod of pla<br>from   | acement<br>to | Duration of stay (months)      | No. of expected ECTS credits    |  |  |  |
| "Dunarea de Jos"<br>University of Galati  | Galati/Romania                         |  | 110111   |               | stay (months)                  | Ecro creates                    |  |  |  |
| (RO GALATIO1)   | Galati/Rolliallia                      |  |  |               |                                |                                 |  |  |  |
| We hereby acknowledge receipt of the application, the proposed learning agreement.  |  |  |  |               |                                |                                 |  |  |  |
| The above-mentioned student is  |  |  | Provisionally accepted at our institution<br>Not accepted at our institution |               |                                |                                 |  |  |  |
| Academic coordinator's name and signature   |  |  | Institutional coordinator's name and signature                               |               |                                |                                 |  |  |  |
|   |  |  | Assoc. prof. Steluta STAN  |               |                                |                                 |  |  |  |
| Date:   |  |  | Date:  |               |                                |                                 |  |  |  |
| IV. LANGUAGE PROFICIENCY  |  |  |  |               |                                |                                 |  |  |  |
| Language  | Speaking<br>(excellent, good,<br>poor) | Listening<br>comprehensio<br>(excellent, good<br>poor) |  |               | Reading excellent, good, poor) | Writing (excellent, good, poor) |  |  |  |
| 1. Romanian   |  |  |  |               |                                |                                 |  |  |  |
| 2. English  |  |  |  |               |                                |                                 |  |  |  |
| 3. Others:  |  |  |  |               |                                |                                 |  |  |  |
| V. STATEMENT BY THE APPLICANT I oblige myself to respect the laws in force in Romania, the university rules, regulations and norms, as well as those for social life. |  |  |  |               |                                |                                 |  |  |  |
| Date:   |  |  | Stude  | ent's signa   | ture                           |                                 |  |  |  |