



MINISTERUL EDUCAȚIEI ȘI CERCETĂRII
UNIVERSITATEA "OVIDIUS" DIN CONSTANȚA
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Anexa 9

Academic year 20..../20....



STUDENT APPLICATION FORM

To be filled in on the computer!

STUDENT DETAILS	
Family name:	First name:
Date of birth:	Place of birth:
Nationality:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
Address:	
Phone number:	E-mail:
Father's name:	Mother's name:
SENDING INSTITUTION	
Name:	
Field of study:	
Level of study:	<input type="checkbox"/> Bachelor
	<input type="checkbox"/> Master
	<input type="checkbox"/> PhD
Coordinator name:	Phone number:
ERASMUS MOBILITY	
Mobility type: study <input type="checkbox"/> placement <input type="checkbox"/>	
Mobility period:	<input type="checkbox"/> 1 st semester (October - February)
	<input type="checkbox"/> 2 nd semester (February - July)
Date:	Student's signature:

* Please send the application form only by e-mail to uocpoffice@gmail.com.

* Deadline for sending the application form:

July, 15th - for the 1st semester or the whole academic year

December, 15th - for the 2nd semester