

APPENDIX 1

Evaluation request form for admission in the 2023-2024 academic year

1. Dear applicant, please select the Faculty and the intended language of instruction that you wish to apply for:

FACULTY OF MEDICINE	FACULTY OF DENTAL MEDICINE	FACULTY OF PHARMACY
a) English	a) English	a) English
b) French	b) French	b) French
c) Romanian	c) Romanian	

- If you wish to apply for more than one of the above courses of study, you must fill in and submit separate applications for each option.
- In case of more than one option, please enter the order of your preferences in the below table:

No.	Faculty	Language of studies
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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

Surname _____ First name _____

Gender M F

Date of birth _____ Citizenship: Country _____ UE / NON-UE

Address (street, no, town, postal code, country, telephone number)

E-mail address: _____

Facebook account: _____

Date _____

Signature _____