**BABEŞ-BOLYAI UNIVERSITY CLUJ-NAPOCA**



CENTRE FOR INTERNATIONAL COOPERATION

68, Avram Iancu St., RO – 40 0083, Cluj-Napoca, România

Phone. +40/264/429762 Fax: +40/264/429755

E-mail: bianca.bota@ubbcluj.ro

***Erasmus+ with partner countries***

|  |
| --- |
| **Photograph** |

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR 2017/2018**

**FIELD OF STUDY**: .........................................................

Please fill in this application with a black pen in order to be easily copied and/or faxed. You are kindly asked to fill in all the fields!

|  |  |
| --- | --- |
| **STUDENT’S PERSONAL DATA**  *(to be completed by the student applying for the*  *Erasmus+ grant)*      Citizenship: ..........................................................  Family name: ....................................................... Sex: ......................................................................  Date of birth: .......................................................  Place of Birth: ..................................................... Current address: ..................................................  ..............................................................................  .............................................................................. Current address is valid until: ............................. | Permanent address (if different):  ..........................................................................................  .........................................................................................  First name(s): .................................................................  Level of study: Bachelor ⁭ Master  Ph D   E-mail address: ………………………………............... ..........................................................................................  Telephone......................................................................... Passport Nr. and date of issue:........................................  .......................................................................................... |

**SENDING INSTITUTION:**

Name and full address (Street Number, City, Country)

Higher School of Economics

Myasnitskaya street, 20 Moscow 101000 Russia.

............................................................................................................................................................................

Erasmus coordinator (name, telephone and fax numbers, e-mail)

.Leila Ashurova, Faculty of Social Sciences

Tel. +7 495 7729590 ext. 22535..... lashurova@hse.ru. ............................................................................................................................................................................

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **LANGUAGE COMPETENCE**  Mother tongue: ...................  Language of instruction at home institution (if different): .................................. | | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow  lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
| English  .......................... .......................... | yes | no | yes | no | yes | no |
|      |      |      |      |      |      |

|  |
| --- |
| **PREVIOUS AND CURRENT STUDY**  Have you ever been an Erasmus student before? Yes or No If yes, was it a Mobility for Study or Placement  Number of months: Year of mobility: Host university: |

Briefly state the reasons why you wish to study abroad

...........................................................................................................................................................................

............................................................................................................................................................................ ............................................................................................................................................................................

**ERASMUS STUDENT NETWORK CLUJ-NAPOCA**

Do you want to be assisted by an ESN tutor?

Yes  I agree to provide to ESN Cluj-Napoca my email contact!

No 

**RECEIVING INSTITUTION**

We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s letter of confirmation.

The above-mentioned student is  provisionally accepted at our institution Institutional Coordinator: ..................................  not accepted at our institution

Signature: ........................................................... Date :................................................................................

You are requested to send also:

* Photocopy of your passport (page with your personal information) / ID card (if you are EU citizen);
* Learning Agreement signed by your Erasmus departmental and institutional coordinators;
* 2 passport size photos.

Deadlines for submitting the necessary documents for academic enrollment:

* Academic year 2016/2017: ………………………………………..…... July 15, 2017
* Academic year 2016/2017– first semester: ……………………….…….. July 15, 2017
* Academic year 2016/2017– second semester: ………………….... December 15, 2017

The requested documents must be sent by email **AND in original by postal service** to:

**Bianca Bota**

UNIVERSITATEA BABEȘ-BOLYAI

Office for Community Programs Centre for International Cooperation str. Avram Iancu, nr. 68

RO-40 0083 Cluj-Napoca

ROMANIA

Date: Student signature: