

APPENDIX 1

Evaluation request form for admission in the 2024-2025 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) 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 and pay the file processing fee for each submitted file.
- 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 _____