

APPENDIX 1

Evaluation request form for admission in the 2026-2027 academic year

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

MEDICINE	DENTAL MEDICINE	PHARMACY	NURSING
English	English	French	English
French	French		
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 table below:

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

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: _____

Social media account: _____

Date _____

Signature _____