**ANNEX I**

**Application Form for Temporary Academic Mobility**

## Personal data

|  |  |  |
| --- | --- | --- |
| 1. First and middle name |  | (Please, insert your electronic photo) |
| 2. Family name (Surname) |  |
| 3. Date of birth,  | (dd) | (mm) | (yyyy) |
| 4. Place of birth | Country: | City: |
| 5. Citizenship  |  |
| 6. National identification number |  |
| 7. Gender | [ ] Male | [ ] Female |
| 8. Father’s first & family name |  |
| 9. Mother’s first & family name |  |
| 10. Permanent home address |  |
| 11. Private contact details | Phone:+ | Fax:+ | E-mail: |

## Education background

|  |  |
| --- | --- |
| Home University |  |
| Field of study |  |
| Current year and level of studies | (year) (Bachelor / Master / PhD) |
| Degree for which you are currently studying |  |
| Mobility to take place | dd.mm.yyyy – dd.mm.yyyy |
| Name, e-mail and mailing address of the coordinator in the Home University |  |
| Type of mobility | [ ]  Study | [ ]  Placement / Internship |
| Type of programme | [ ] Free Mover | [ ]  Bilateral agreement | [ ]  Other (please specify): |

## Proficiency in foreign languages

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Language | Writing (excellent, good, basic) | Reading (excellent, good, basic) | Speaking (excellent, good, basic) | Understanding spoken language |
| 1. Romanian |  |  |  |  |
| 2. English |  |  |  |  |
| 3. |  |  |  |  |

## Statement by the applicant

**I hereby declare that:**

|  |  |
| --- | --- |
|  | **Signature** |
| **The details provided above are correct and I undertake to inform UPB of any changes immediately.** |  |
| **I oblige myself to act according to the laws in force in Romania, the university rules, regulations and norms, as well as those of social life.** |
| **I acknowledge that if I am selected, I will send no later than 20 days before the beginning of my mobility the following documents to** international@upb.ro**:****- copy of health insurance for travel and stay abroad,****- copy of accident insurance for travel and stay abroad,****- copy of civil liability insurance for travel and stay abroad,****Note: one of the insurances listed above must include a death and repatriation clause.** |
| **If I need a study visa, I acknowledge that it will be my personal duty to obtain it, for the entire duration of my stay in Romania.** |

|  |
| --- |
| ***Study Programme at the Receiving Institution (add some rows if necessary)*****Planned period of the mobility: from [month/year] ……………. to [month/year] ……………** |
| **Component code**(if any)  | **Component title at the Receiving Institution**(as indicated in the course catalogue) | **Semester**  | **Number of ECTS credits to be awarded by the Receiving Institution upon successful completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total ECTS credits** |  |
| Web link to the foreign language course catalogue at the Receiving Institution describing the learning outcomes: <http://international.upb.ro/study-programs-upb/> |
| **Contact person at International Relations Department** | **Name** | **E-mail** | **Address** | **Signature and stamp** |
|  Sending institution |  |  |  |  |
| Receiving institution | UPB | international@upb.ro | 313 Splaiul Independentei StreetSector 6, 060042 - Bucharest ROMANIA |  |

**Preliminary selected courses, before the mobility**