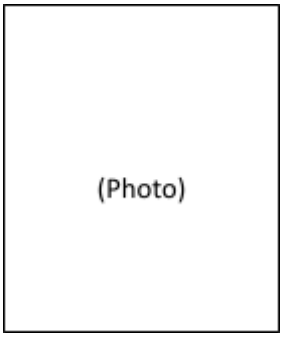
STUDENT APPLICATION FORM

ACADEMIC YEAR: 2025-2026

FIELD OF STUDY: ……



This application should be completed in BLACK in order to be easily copied and/or scanned.

SENDING INSTITUTION

SENDING INSTITUTION

Name and country: ……..

Departmental coordinator – name, telephone number, e-mail address:

……

Institutional coordinator – name, telephone number, e-mail address:

……

STUDENT'S PERSONAL DATA

(to be filled in by the applicant)

Family name: …….
(according to the passport)

First name(s): ……..…
(according to the passport)

Date of birth: …….

Place of birth: ……...

Sex (Male/Female/Undefined): …….

Nationality: …….

Email address: ……...

Current address: …….....

Phone no.: : ……...

THE INSTITUTION WHICH WILL RECEIVE THIS APPLICATION FORM

Institution	Country	Period of study (choose ONE semester)		Duration of stay (months and days)	No. of expected ECTS credits
		From	To		
AFYON KOCATEPE UNIVERSITY	TURKEY	☐ 2ND[s]Semester			……
		10TH OF FEBRUARY	25TH OF MAY, 2025		
					……

LANGUAGE COMPETENCE

Mother tongue: …….…… Language of instruction at home institution (if different): ……..……..

Other languages	I am currently studying this language (please select Yes or No)		I have sufficient knowledge to follow lectures (please select Yes or No)		I would have sufficient knowledge to follow lectures if I had some extra preparation (please select Yes or No)	
	Yes	No	Yes	No	Yes	No
……	☐	☐	☐	☐	☐	☐
……..…..	☐	☐	☐	☐	☐	☐

WORK EXPERIENCE RELATED TO CURRENT FIELD OF STUDY (if relevant)

Type of work experience	Firm / organization	Dates	Country
……	……	……	……...
……	……	……	……...

ACADEMIC BACKGROUND

Diploma/degree for which you are currently studying:	☐ Bachelor	☐ Master	☐ Doctorate
Number of higher education study years prior to departure abroad:	……		
Have you already been studying abroad **at the same level** of study within Erasmus?	Yes ☐	No ☐	
If yes, how many months and days and where?	…….. months and …… days …… (name of the host institution and country)		

The attached Transcript of records includes full details of previous and current higher education study.

Details unknown at the time of application will be provided at a later stage.

EMERGENCY CONTACT INFORMATION

Name 1: …….	Relationship: …….
Telephone: …….	E-mail address: …….
Name 2: …….	Relationship: …….
Telephone: …….	E-mail address: …….
Family doctor's name and phone number:	
Comments (please include any medical information you would want an emergency care provider to know – e.g.: blood type, allergies, dietary restrictions etc.).	
□ In the event of an emergency and for my own safety, I hereby authorize *Alexandru Ioan Cuza* University of Iași to use any and all of the information specified above.	

MOTIVATION

CONSENT FOR PERSONAL DATA PROCESSING

The personal data filled in above is processed, stored and shared by the personnel of the University of Pitești during the application process and throughout the duration of the student mobility, in accordance with Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and Law no. 190/2018 on measures to implement (EU) Regulation 2016/679 on the protection of individuals with regard to the processing of personal data and the free movement of such data and the repeal of Directive 95/46 / EC (General Data Protection Regulation).

By filling and signing this student application form, the beneficiary gives their consent to the processing and storage of personal data by the employees of the institution and the sharing of personal data to other state authorities, respectively.

Date: …….. Student's signature: …….