



DEFINITIVE ACADEMIC MOBILITY APPLICATION

Approved,
Rector,
Anca Dana Buzoianu

Approved,
Dean,

To,

“IULIU HAȚIEGANU” UNIVERSITY OF MEDICINE AND PHARMACY, CLUJ-NAPOCA

The undersigned, _____, born on _____, country _____, city _____, with permanent residence in _____, identified by passport no. _____, series _____, citizenship _____, telephone (with country code) _____, e-mail address _____, student in the academic year _____ at the University _____, Faculty _____, study program in (language of instruction) _____, organized at form of education full-time, year of study _____, I hereby request to approve my final academic mobility with the recognition of the periods of study completed, in order to enroll as a student in the academic year 2022-2023, at the University of Medicine and Pharmacy "Iuliu Hațieganu" Cluj-Napoca, Faculty of _____, study program _____, the form of full-time education, the form of financing (budget / fee).

I request this mobility for the following reasons:

_____.

I enclose the following documents:

_____.

Date _____

Applicant's signature