Application form

NAME: .....

FIRST NAME: .....

FATHER'S / MOTHER'S INITIAL (AS APPLICABLE): .....

PERSONAL IDENTIFICATION NUMBER (CNP):|__|__|__|__|__|__|__|__|__|__|__|__|__|

RESIDENCE:

.....

.....

E-MAIL ADDRESS:.....

PHONE NUMBER:.....MOBILE: .....

DATE OF BIRTH: .....

PLACE OF BIRTH: .....

CITIZENSHIP: ..... NATIONALITY: .....

OCCUPATION: .....

EMPLOYER:.....

POSITION: ..... PHONE: .....

- Bachelor's Degree: University, Faculty, Study Programme/Specialization:

.....

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Year of graduation: ..... Bachelor's degree series and number: .....

- Master's degree: University, Faculty, Study Programme

.....

.....

Year of graduation: ..... Master's degree series and number .....

Language Proficiency Certificate (if applicable)

Type: ..... Level: .....

I hereby declare on my own responsibility that:

- ☐ I have previously enrolled in doctoral programs funded by the state budget
- ☐ I have not previously enrolled in doctoral programs funded by the state budget.

DOCTORAL PROGRAMME

Doctoral Supervisor:

……

Field of Doctoral Studies:

……

Priority research area under which the individual doctoral research proposal falls:

……

……

FORM OF STUDY APPLIED FOR:

- ☐ Full-time, state-funded place with scholarship;
- ☐ Part-tine, state-funded place without scholarship;
- ☐ Full-time, tuition-fee-paying place;
- ☐ Full-time, spots for Roma students with a scholarship;
- ☐ Part-time, spots for Roma students without scholarship;
- ☐ Full-time, spots for Romanians from anywhere without scholarship.

Date: …… Signature: ……