MINISTERUL EDUCAȚIEI

CENTRUL NAȚIONAL DE RECUNOAȘTERE ȘI ECHIVALARE A DIPLOMELOR

No.

APPLICATION

for recognition of studies for enrollment to undergraduate studies

2022-2023 university year

***write clearly in block capitals**

1. Family name .....
2. First name .....
3. Previous names .....
4. Gender M ☐ F ☐
5. Date of birth day ☐☐ month ☐☐ year ☐☐☐☐
6. E-mail .....
7. Educational background:

7.1 Name of the diploma (certificate) issued .....

.....

7.2 Name of high school .....

Country ..... Place .....

7.3 Date of admission (9^{th} grade) .....

7.4 Date of completion ($12^{th}/13^{th}$ grade) .....

8. Name of the university previously attended in Romania

.....

9. Enrollment to studies in Romania:

9.1 University **UMFST**

9.2 Name of the faculty **Faculty of Medicine in English**

10. I do hereby declare on my on liability that knowing the dispositions of art. 326 of the Criminal Code that all information and documents furnished here are true and accurate to the best of my knowledge.

11. I hereby declare that I have taken note of the information with regard to the processing of personal data, according to art. 13 of the 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.

12. The statement of recognition will be:

☐ collected from NCRED by the applicant or an authorized person holding a power of attorney

☒ sent to institution (name of the Romanian institution the applicant is seeking enrollment at)

☐ sent by post to the following address (name of contact person and full address)

.....

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.....

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☐ by courier with payment upon arrival (the applicant contacts the mailing company)

Date ..... Signature .....

12, Spiru Haret street, Sector 1, 010176, Bucharest
Phone: +40 21 405 56 40, +40 21405 62 60 Fax: +40 21 313 10 13
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Average completing duration: 7 minutes