

GEORGE EMIL PALADE UNIVERSITY OF MEDICINE, PHARMACY, SCIENCE, AND TECHNOLOGY OF TARGU MURES



Transfer Request Questionnaire

STUDENT NAME	
DETAILS OF YOUR CURRENT UNIVERSITY	
Name:	
Address:	Country:
Study program	Language of the study program
Date of enrollment Current year of study German language proficiency level (if ava	ailable, enclose a language certificate)
I would like to apply for a transfer to UMCH for the academic year.	

Explain in a few words why you wish to transfer to UMCH. If you have a written notice from your previous university (letter of de-registration, confirmation of termination of studies, etc.) please attach it to this questionnaire. Otherwise, please continue here:

	Signature:	
Date://		
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UMCH - A branch of the University of Medicine, Pharmacy, Science, and Technology of Targu Mures - UMFST	+49 (0) 40 2093485-09	+49 (0) 40 2093485-00
Represented by the Rector Prof. Leonard Azamfirei, MD, PhD Gheorghe		
Marinescu, 38, 540139 Targu Mures, Romania	info@edu.umch.de	edu.umch.de