

Year of study: I University year / 2023-2024

**REGISTRATION FILE**

**The name of the fam. at birth** \_\_\_\_\_ Actual name (marriage, adoption,etc)\_\_\_\_\_.

**First name**\_\_\_\_\_.

Cnp																			
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Initial /Parents : Father \_\_\_\_\_Mother \_\_\_\_\_.

Date of birth: year\_\_\_\_\_ month\_\_\_\_\_ day\_\_\_\_\_.

Place of birth:\_\_\_\_\_ Country of origin\_\_\_\_\_ county\_\_\_\_\_.

Localities \_\_\_\_\_ Gender: Male  Female

Civil status: married  divorced  widowed  single

Social status: orphan 1 or both parents  coming from single-parent children's homes

derived from the single parent family

Citizenship: Romanian, with domicile in Romania  With residence abroad  Other citizens \_\_\_\_\_.

Previous Citizenship \_\_\_\_\_ Ethnicity \_\_\_\_\_.

Permanent Residence :

Country \_\_\_\_\_ county \_\_\_\_\_ town/village/village \_\_\_\_\_.

Address: str. \_\_\_\_\_ no. \_\_\_\_\_ bl. \_\_\_\_\_ sc. \_\_\_\_\_ fl. \_\_\_\_\_ ap. \_\_\_\_\_.

Identity card: Series \_\_\_\_\_ no. \_\_\_\_\_ issued \_\_\_\_\_ Date of issue \_\_\_\_\_.

Validity period \_\_\_\_\_.

Phone:fix \_\_\_\_\_ mobile \_\_\_\_\_ e-mail address \_\_\_\_\_.

Candidate who falls into the category of people with disabilities YES  NO

I'm opting for studying the following foreign language: English  French

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_.

Father's occupation \_\_\_\_\_ Mother's occupation \_\_\_\_\_.

Address of Cluj Napoca study period (if applicable):

Str. \_\_\_\_\_ no. \_\_\_\_\_ bl. \_\_\_\_\_ sc. \_\_\_\_\_ fl. \_\_\_\_\_ ap. \_\_\_\_\_ Tel \_\_\_\_\_.

Student complex \_\_\_\_\_ home \_\_\_\_\_ room \_\_\_\_\_.

I declare on my own responsibility that the data in the registration form is real. Any changes will be communicated to the Dean within 3 (three) days.

Date \_\_\_\_\_ Signature \_\_\_\_\_.