

APPENDIX 1

Evaluation request form for admission in the 2021-2022 academic year

1. Dear applicant, please select the Faculty and the intended language of instruction that you wish to apply for:

FACULTY OF MEDICINE	FACULTY OF DENTAL MEDICINE	FACULTY OF PHARMACY
a) English	a) English	a) English
b) French	b) French	b) French
c) Romanian	c) Romanian	

- If you wish to apply for more than one of the above courses of study, you must fill in and submit separate applications for each option;
- In case of more than one option, please enter the order of your preferences in the below table:

No.	Faculty	Language of studies
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

2. Dear applicant, please fill in the form below with your personal information using CAPITAL LETTERS:

Surname _____ First name _____ Gender M F

Date of birth _____ Citizenship: Country _____ EU / non-EU

Address (street, no, town, postal code, country, telephone number)

E-mail address: _____

Facebook account _____

Date _____

Signature _____

APPENDIX 2

Declaration

I,..... , hereby declare under my own liability that:

1. The information entered in the application form, CV and the application file attached is in compliance with actual facts;
2. I acknowledge and agree that in case of being selected as a result of fraud (i.e. I provided Information that is not in compliance with actual facts), the University shall refuse my enrolment and that all previously paid fees are non-refundable;
3. I acknowledge and agree that **the fee for the application processing is non-refundable**;
4. I read and acknowledged the information for international applicants from EU, EEA, Swiss Confederation and third countries regarding admission to the “Iuliu Hațieganu” University of Medicine and Pharmacy, Cluj-Napoca, in the academic year **2021-2022**.
5. I am aware that the enrolment in your University is conditioned by the Letter of Acceptance issued by the Romanian Ministry of National Education.

The University reserves its right to apply to Ministry of National Education for all accepted applicants.

Applicants that meet the general criteria of the university and whose applications were declared eligible may be *matriculated* on condition that they pay half of the annual tuition fee.

In case the National Center for Equivalence and Recognition of Diplomas and the General Directorate for International Relations does not grant official recognition of your studies, the study contract signed between the student and “Iuliu Hațieganu” University of Medicine and Pharmacy in Cluj-Napoca ends on the date the document stating that your studies are not officially recognized is issued, and the tuition fee paid by the student during the enrolment period are non-refundable.

6. If I am accepted but do not confirm my place or withdraw, the university will not keep my place for the following year.

Date _____

Signature _____

APPENDIX 5

PERSONAL DATA PROCESSING AGREEMENT

in accordance with art. 6 of Regulation (EU) 2016/679

I, the undersigned, holder of the passport serial no., delivered by....., on as a candidate for the *Admission by evaluation of the documents attesting applicants' school performance and personal achievements - 2021*, organized by the University of Medicine and Pharmacy "Iuliu Hațieganu" of Cluj-Napoca,

hereby expressly give my consent that the University of Medicine and Pharmacy "Iuliu Hațieganu" of Cluj-Napoca may collect, process and store my personal data and documents, as follows: name, surname, series and no. passport, home address, medical certificates, psychological certificate, photocopies of study documents, personal documents (birth certificate, etc.), e-mail address, telephone no., until the end of the admission and archiving period according to the legislation in force. I offer freely and unequivocally this information in order to complete the university admission process mentioned above. This consent is valid for up to 10 years from the publication of the results.

Name and Surname:

Date:

Signature: