

University of Craiova



INTERNATIONAL RELATIONS OFFICE

ROOM RESERVATION FORM INCOMING ERASMUS+ STUDENT 20___-20___

Please return this form duly filled in:

- by e-mail to: mic.gabriela.anca@gmail.com

Deadline: June 20th (Ist semester, full academic year); December 20th (IInd semester)

!!! Limited number of places available.

First name and middle name

Family name (Surname)

Submitting this form does NOT guarantee that you will be accommodated on-campus.

Personal data

Tamily name (Sumame)						Photo
Date of birth, Place of birth	(dd)	(mm)	(yy)			
Gender	□Ma	Male			Female	
Contact details	Phone:				Fax:	E-mail address:
Nationality:	+			Nom	+	
ivationanty.				Ivalle and Country of Tour Home University.		
Contact person/ Name and contact	act details	of the	ERAS	MUS	- coordinator fi	rom your Home University:
Name: Phone:				E-ma	il·	
Duration of the exchange progra	amme (in	months	s):	-111¢		
Field of Study:						
Applicant requires a temporary accommodation			ion	Applicant requires a long period accommodation		
for \square 3/4 months \square 5/6 months				for 9/10 months		
starting from/20 t	xo /	/20		starti	ng from/	/20 to /20
*Please indicate the exact date of your arrival in Craiova			iova	*Please indicate the exact date of your departure		
te:	. di.a.k:1:.	4 41- 04				dia.
• Please inform us if you have	a disabili	ty that i	equire	s spec	iai accommoda	uion
	cilities. I					any period I may be resident in the contract I am committed to
per						
Date				Anr	llicant's Signa	turo

^{*} The price may vary according to the type of room. The student may be hosted in a double or triple room, according to availability. The student will be informed in due time, prior to arrival, of the type of room he/she will get.