Centrul de Cooperări Internaționale

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Cluj-Napoca, RO-400083

**STUDENT APPLICATION FORM for Blended Intensive Programme**

**ACADEMIC YEAR 2025-2026**

**Name of the BIP**: Health4Media

**Period of the BIP: Virtual: 01 and 02 April 2026, Physical: 20 – 24 April 2026**

This application should be filled in electronically. You are kindly asked to fill in ALL the fields!

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| **STUDENT’S PERSONAL DATA***(to be completed by the student applying)*Citizenship: ..........................................................Family name: .......................................................Sex: ......................................................................Date of birth: .......................................................Place of Birth: .....................................................Current address: ..........................................................................................................................................................................................................................................................................................................................................................................Current address is valid until: ............................. | First name(s): .................................................................Level of study: Bachelor 🞏 Master 🞏 Ph D 🞏E-mail address: ……………………………............Permanent address (if different): .................................... ......................................................................................... .......................................................................................... .......................................................................................... ....................................................................................................................................................................................Telephone....................................................................... |

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| **SENDING INSTITUTION:**Name and full address (Street Number, City, Country) ..................................................................................................................................................................................................................................................................................................................Erasmus coordinator (name, telephone and fax numbers, e-mail)........................................................................................................................................................................................................................................................................................................................................................ |

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| **LANGUAGE COMPETENCE**Mother tongue: ................... Language of instruction at home institution (if different): .................................. |
| Other languages | I am currently studying this language | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  | yes | no | yes | no | yes | no |
| English.................................................... | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

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| **PREVIOUS AND CURRENT STUDY**Current specialization name: .........................................................Current year of Study (I, II, III, IV): ................................................................ |

**Note 1.** I hereby agree that my personal data will be gathered and processed by the Erasmus+ Office with the purpose of organizing the Erasmus+ mobility and be released, based on specific requests, to: the Education, Audiovisual and Culture Executive Agency (EACEA), the National Agency for Community Programmes in the Field of Education and Professional Development (ANPCDEFP), as well as to the following Romanian authorities: the National Institute for Statistics, The Ministry of National Education, the Romanian Office for Immigration, embassies and other Romanian public institutions, with the view to issue statistical reports, visas and fulfilling all the Erasmus+ mobility procedures.

**Note 2.** I hereby agree to have my personal data processed by the Erasmus+ Office and to receive questionnaire regarding my mobility after the end of the mobility (other than the questionnaires sent by Education, Audiovisual and Culture Executive Agency)

 YES NO

Date: Student signature: