



Nicolae Testemitanu State University of
Medicine and Pharmacy of the Republic of Moldova

APPLICATION FORM

The acts permit to be enrolled

Vice-Rector
for International Cooperation

Approved
Rector

Please fill in all sections. Type or choose from drop-down lists. Print the form, sign and send the scanned copy.

To: Rector of *Nicolae Testemitanu* State University of
Medicine and Pharmacy of the Republic of Moldova

Mr. Rector,

The undersigned _____
(surname according to the passport) (first name according to the passport)

citizen of _____, passport No. _____
(country)

please approve my enrollment to the first year at *Nicolae Testemitanu* State University of Medicine
and Pharmacy of the Republic of Moldova on a contract base.

Faculty _____, Language of study _____
(select) (select)

Method of applying: _____,
(select) (the name of recruiting company. In case of individual application, leave empty)

Date of birth: _____ sex: _____, marital status _____
(day, month, year) (select) (select)

Height _____ cm, color of eyes _____
(select)

Parent's name: father _____

mother _____

School leaving certificate No. _____, date of issue _____
(day, month, year)

Issued by _____

Permanent address: _____

Tel. _____, email _____

Skype _____, Viber _____

I need hostel accommodation _____

I pledge myself to respect the laws of the Republic of Moldova, university and social norms and regulations. I
declare that the statements made by me on this form are, to the best of my knowledge and belief, true and
correct.

Date _____
(day, month, year)

Signature of Candidate _____