



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

Approved  
Rector  
MD, PhD, Professor

Emil CEBAN

## APPLICATION FORM (Preparatory courses)

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 **preparatory course** (language course and basic subjects) at *Nicolae Testemitanu* State University of Medicine and Pharmacy of the Republic of Moldova on a contract base.

Language of study \_\_\_\_\_  
(select)

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

Date of birth: \_\_\_\_\_ sex: \_\_\_\_\_, marital status \_\_\_\_\_  
(dd.mm.yyyy) (select) (select)

Place of birth \_\_\_\_\_  
(country) (city)

Parent's name: father \_\_\_\_\_  
mother \_\_\_\_\_

School leaving certificate No. \_\_\_\_\_, date of issue \_\_\_\_\_  
(dd.mm.yyyy)

Issued by \_\_\_\_\_  
(country, authority)

Permanent address: \_\_\_\_\_

Tel. \_\_\_\_\_, email \_\_\_\_\_

Viber/WhatsApp/Other \_\_\_\_\_

I need hostel accommodation \_\_\_\_\_, \_\_\_\_\_ persons in a room  
(select) (select)

Person you wish to be contacted in case of emergency:

Name \_\_\_\_\_

Relationship \_\_\_\_\_, Tel. \_\_\_\_\_,

Email \_\_\_\_\_, Country \_\_\_\_\_

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.

I express my consent that the personal data submitted be processed in accordance with Law no. 133 of 08.07.2011 Regarding the protection of personal data

Date \_\_\_\_\_  
(dd.mm.yyyy)

Signature of the candidate \_\_\_\_\_

Department of Recruitment and Documentation of Foreign Citizens \_\_\_\_\_

Accountancy department \_\_\_\_\_