

**SPIRU HARET UNIVERSITY
THE LANGUAGE CENTRE**

Invoice no...../on.....

Amount: lei

REGISTRATION FORM
(to be filled out in capital letters)

Student's name:

Father's first name:

Student's first name:

Address:

Street,no....., bldg....., entrance....., floor,apt.....

City of, district....., county

Zip code of the city/street

Telephone

Male/Female (B/F)

Date of birth: month...../day...../year.....

Nationality:

Identity documents: Identity card/Passport-Series:..... No:.....

Issued by

Personal identification number (CNP)

Email:

Profession:

Employment place:

Language proficiency level:

Beginner

Intermediate

Advanced

Attendance availability:

8 – 9.30 am

16 -17.30

18 – 19.30

Week-end

Tel:

NOTE: In case of withdrawing from the course, the student can be reimbursed with the already paid fee, provided that the written application of withdrawal is sent no sooner than 48 hours before the corresponding module is scheduled to start.

I hereby confirm to have been notified about the above,

Signature

Date