



## REGISTRATION FORM ROMANIAN LANGUAGE COURSES 2016-2017

NB:

1. to be filled in electronically;
2. to be submitted by e-mail to Mrs. Anca Gabriela MIC, Department of International Relations ([mic.gabriela.anca@gmail.com](mailto:mic.gabriela.anca@gmail.com));

• STUDENT PERSONAL DATA

Family name	Temiroglou
First name	Kleanthis
Gender	<input type="checkbox"/> F (female) <input checked="" type="checkbox"/> M (male)
Date of birth	15/04/1995
Place of birth	Kavala
Nationality	Greece
Personal e-mail address (or fax number if the e-mail is not available)	E-mail <a href="mailto:it14226@uom.edu.gr">it14226@uom.edu.gr</a>
Additional e-mail address to be used in case of need (e.g. Erasmus office address, etc.)	E-mail: <a href="mailto:kleanthis95@hotmail.com">kleanthis95@hotmail.com</a>

• OTHER PERSONAL INFORMATION

Current address (in Romania) (valid until 20/06/2017)	Street: Caminul 8 City: Craiova Postal code: 200478 Country: Romania
Telephone number of current address (in Romania)	+40/733/892296

- **STUDENT'S HOME UNIVERSITY**

<b>Name</b>	University of Macedonia
<b>Faculty/Department</b>	Applied informatics

- **ERASMUS+ HOST UNIVERSITY (IN CASE OF STUDIES)**      **COUNTRY: Romania**

<b>Name</b>	University din Craiova
<b>Faculty/Department</b>	Computer and Information Technology

- **ERASMUS+ HOST ORGANISATION (IN CASE OF PLACEMENTS)**      **COUNTRY:.....**

<b>Name</b>	
<b>Contact person (Name/Surname)</b>	
<b>E-mail/Tel./Fax of Contact person</b>	E-mail: _____ @ _____ Tel. : +____/____/_____ Fax: +____/____/_____

- **ERASMUS+ STUDY/PLACEMENT PERIOD**

<b>Number of months of Erasmus+ period</b>	4
<b>Starting date of Erasmus+ period (day/ month/ year)</b>	20/02/2017
<b>Main subject of studies</b>	Computer engineering

- **LANGUAGE COMPETENCE**

<b>Language</b>	<i>Romanian</i>
<b>Level of competence</b> I (beginner); II (intermediate)	<i>I</i>
<b>Why do you want to learn the language?</b>	<i>Improve my cv</i>

*I confirm that the information provided in this application is true and accurate.*

*In case I have to withdraw from the course, I will inform the person in charge as soon as possible, and no later than 20/06/2017.*

*Student's confirmation (full name and surname)*

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Date: \_\_\_\_\_