

APPLICATION FOR REGISTRATION TO THE EXAMINATION OF  
\_\_\_\_\_

I. Candidate's personal data, communicated in view of the required processing for the organization of the graduation exam

1. Data on the person's identity

Birth name: \_\_\_\_\_ Surname (if applicable): \_\_\_\_\_

First name: \_\_\_\_\_ SSN \_\_\_\_\_

2. Gender:  Feminine  Masculine

3. Date and place of birth:

Day / month / year \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place (locality, county, country) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Parents' first names:

Father: \_\_\_\_\_ Mother \_\_\_\_\_

5. Permanent residence: Locality \_\_\_\_\_, County \_\_\_\_\_ Zip code \_\_\_\_\_,

Str. \_\_\_\_\_ no. \_\_\_\_, building \_\_\_\_, entrance \_\_\_\_, floor \_\_\_\_, apart. \_\_\_\_,

phone \_\_\_\_\_, email \_\_\_\_\_

II. Tuition data

6. I am a graduate of the class: \_\_\_\_\_ / \_\_\_\_\_ (year of enrollment / year of graduation)

7. Mentions on the tuition: \_\_\_\_\_  
\_\_\_\_\_

8. Study programme \_\_\_\_\_

9. Duration of studies \_\_\_\_\_

10. Form of education completed:  full-time (IF)  part-time (IFR)  distance-learning (ID)

state-budgeted  self-financing

11. I apply for the registration to the exam of \_\_\_\_\_, session \_\_\_\_\_ year \_\_\_\_\_

12. The bachelor's thesis/ diploma project/ dissertation \_\_\_\_\_ which I defend has the following title:  
\_\_\_\_\_  
\_\_\_\_\_

13. Scientific supervisor: \_\_\_\_\_

14. I take the exam of \_\_\_\_\_ (for the first time, the second time - as applicable) \_\_\_\_\_

SIGNATURE,  
\_\_\_\_\_  
\_\_\_\_\_

VERIFIED,  
Faculty Secretary  
\_\_\_\_\_  
(name and surname, signature)