



"VASILE GOLDIȘ"
WESTERN UNIVERSITY
of ARAD

ROMANIA
MINISTRY OF EDUCATION
THE "VASILE GOLDIȘ" WESTERN UNIVERSITY OF ARAD

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No. _____ of _____ 2024

APPLICATION FOR REGISTRATION IN HIGHER YEAR

BACHELOR ACADEMIC STUDIES

The undersigned
born on in the locality of
County with the domicile in
Country Street
no bloc entrance floor apartment son/daughter of (father)
..... and of (mother)
holder of the identity card/passport series no issued by
..... on, valid until telephone
..... personal number student or
graduate of the University
Faculty
Study program/specialization



I would like to register at the "Vasile Goldiș" Western University of Arad, at the Faculty of
....., study program
Full-time, in the year of studies, academic year of 2024-2025.



I have paid the file processing fee in the amount of with the receipt/payment
order no of

In case of negative resolution decided in the Faculty Commission on studies equivalence,
I was informed that the paid fee for file processing is not reimbursed.

DATE

.....

SIGNATURE

.....