

REGISTRATION FORM
ADMISSION COMPETITION FOR DOCTORAL STUDIES
JULY 2026 SESSION

File no. _____ Date _____

Please complete the form in capital letters and, where applicable, mark the appropriate option with an X.

Registration fee:	Receipt no.	Amount:	Exempt:	YES		Reason for exemption:
				NO		

I. Personal details of the candidate with Romanian/EU/EEA citizenship

Surname at birth (from birth certificate)												Father's/mother's initial(s)				
Current surname (after marriage, adoption, change upon request according to supporting document, if applicable)																
Candidate's first name																
Parents' first names:		Father			Mother											
CNP												Gend er	M		F	

Place of birth											
Date of birth (dd/mm/yyyy)				Country	County	Town					

Citizenship (country)		Nationality	Ethnicity	Mother tongue

Marital status: (may be left blank)			Married		Unmarried		Divorced/Widowed	
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Identity document/Travel document

Type	ID		Series	Number	Issued by	Date of issue	Expiry date
	Passport						

Permanent address	Urban		Rural	
Country County				
..... Town..... Street				
..... No. Code Telephone:				
..... E-mail:				

Do you require accommodation during your studies?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Other personal details of the candidate

Special social status:		Orphaned by both parents		Orphan of one parent	
From a children's home		From foster care		From a single-parent family	

Candidate who falls into the category of disabled persons		
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II. Information on the candidate's previous education

II.a. Completed pre-university studies, secondary school level

Institution where they graduated	Country
Town	County
Field of study.....Profile.....	Specialisation
..... Duration of studies	
Year of graduation	Type of education (Day / Evening / FR / ID)
High school diploma: Series	Number
Issued by	Date of issue
Number of the transcript accompanying the diploma	

Other comments (for cases where the candidate completed their previous studies abroad)

Recognition/equivalence certificate (issued by DPIP/CNRED) No.	Series	Date of equivalence
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II.b. Completed undergraduate studies

Country	Town	County
Name of higher education institution		
Faculty	Field of study	
Study programme /Specialisation		Title obtained
Type of education (full-time/part-time/distance learning/evening classes)	Number of semesters funded by the state budget	Number of semesters in which you received a scholarship
Duration of studies (number of years)		
Bachelor's degree: Series	No.	Issued by
Number of the supplement/transcript accompanying the academic document		Date of issue

Other comments (for cases where the candidate has completed previous studies abroad)

Recognition/equivalence certificate (issued by DPIP/CNRED) No.	Series	Date of equivalence
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II.c. Master's degree studies completed

Country	Town	County
Name of higher education institution		
Faculty	Field of study	
Study programme/Specialisation		Title obtained
Type of education (full-time/part-time/distance learning/evening classes)	Number of semesters funded from the state budget	Number of semesters in which you received a scholarship
Duration of studies (number of years)		
Master's degree: Series	No.	Issued by
Number of the supplement/transcript accompanying the academic document		Date of issue

Other comments (for cases where the candidate has completed previous studies abroad)

Recognition/equivalence certificate (issued by DIPRP/CNRED) No..... Series.....		Date of equivalence
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II.d. Doctoral studies in progress/completed

Student in another doctoral programme				
Country		Town	County	
Name of higher education institution				
Faculty Field of study				
Type of education (full-time/part-time/distance learning)		Number of months funded from the state budget	With scholarship	Without scholarship
Duration of studies (number of years)				

Doctoral graduate	Year of graduation		Without doctoral degree		With doctoral degree	
Country		Town	County			
Name of higher education institution						
Faculty Field of study						
Study programme /Specialisation					Title obtained	
Type of education (full-time/part-time/distance learning)		Number of months funded from the state budget	With scholarship	Without scholarship	Duration of studies (number of years)	
Doctorate diploma: Series No. Issued by Date of issue						
Number of the supplement/transcript accompanying the study document						

Other comments (for cases where the candidate has completed previous studies abroad)

Recognition/equivalence certificate (issued by DIPRP/CNRED) No..... Series.....		Date of equivalence
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III. Overall average for the bachelor's degree exam and dissertation

Average mark in the bachelor's degree exam			.		
Average mark in the dissertation exam			.		
Overall average			.		

IV. Foreign languages

Foreign languages		COMPREHENSION (Specify level)		SPEAKING (Specify level)		WRITING (Specify level)
		Listening	Reading	Participation in conversation	Oral discourse	
Specify the foreign language						
		Name of certificate (if applicable)				
Specify the						

foreign language						
	Name of certificate (if applicable)					
Specify the foreign language						
	Name of certificate (if applicable)					
	Levels: A1/2: Elementary user - B1/2: Independent user - C1/2: Proficient user Common European Framework of Reference for Languages					

V. Admission options

Doctoral field: _____

PhD supervisor: _____

Type of education (number your preferences in order, from 1 - first option, to 4 - last option):

full-time state-funded	full-time fee-paying	
part-time state-funded	part-time fee-paying	

VI. Information regarding the educational documents submitted in the file

High school diploma (original)	High school diploma (copy)	
Pre-university studies equivalence document (original)	Pre-university studies equivalence document (copy)	
Bachelor's degree (original)	Bachelor's degree (copy)	
Bachelor's degree equivalent document (original)	Bachelor's degree equivalence document (copy)	
Master's degree (original)	Master's degree (copy)	
Master's degree equivalent document (original)	Master's degree equivalence document (copy)	

VII. Conditions for concluding the contract

The conditions for concluding the study contract specific to each Doctoral School shall be mentioned:

- contract conclusion period;
- fees to be paid;
- documents to be submitted with the application;
- other requirements

VIII. Questionnaire regarding your choice

1. Where did you find out about admission to “Alexandru Ioan Cuza” University of Iași (UAIC)? (you may select multiple sources)

Sources of information	Tick
Admissions website (admitere.uaic.ro)	
Doctoral School website	
The University's Facebook page	
Friends, acquaintances, relatives	
Faculty/Doctoral School professors	
Media/newspapers	
Other sources (please specify)	

2. How important were the following factors in choosing the Doctoral School? Please rate how much each factor influenced your choice of doctoral programme. (0 – not at all, ... 5 – very much)

Factors that influenced you						
	0	1	2	3	4	5
Prestige of the University/Doctoral School						
Quality of education at UAIC						
Advice from close friends and family						
Status of the profession you are choosing						
Colleagues						
Academic offer						
Information provided by the University						
Proximity to home						

IX. I declare on my own responsibility, in full awareness of the administrative and legal consequences of inaccurate/false statements, that the data provided in this form are true, that I have read the admission methodology provisions and that the registration fee is non-refundable.

X. I am aware that authorised staff at "Alexandru Ioan Cuza" University of Iași collect and process the personal data of individuals who wish to enrol in university study programmes at the institution or who are admitted to these programmes, for the purpose of conducting the academic admission process to university study programmes, while ensuring the rights of the persons concerned in accordance with the provisions of Regulation (EU) 679/2016, as amended and supplemented. The information note on the processing of personal information is publicly displayed at the secretariats within the University.

I declare that I have read and signed the agreement on the processing of personal data at the "Alexandru Ioan Cuza" University of Iași.

I agree to have my first and last name displayed on the admission lists.	YES		NO	
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Date

Signature