

APPLICATION FORM

Candidate Information

(Complete details in CAPITAL LETTERS and personal details exactly as they appear on identity card/passport - all fields are required)

Last Name																												
First Name																												
Father's Name																												
Address																												
Postal Code							City																					
Date of Birth							Gender: Male <input type="radio"/>	Female <input type="radio"/>	Native Language:																			
	Day	Month	Year																									
E-Mail																												
Telephone													Mobile															

School Information (if applicable)

School Name																												
School Address																												
Postal Code							City																					
Teacher's Name																												
E-Mail																												
Telephone																												

For any further information about the ECPE examinations in Romania please contact CITE, Romania:
T: +40755 048 885, Email: cite@cite.ro

Exam Center: _____

Upon signing of this document, I hereby confirm that:

- The above candidate information is accurate and correct.
- I have taken all required steps to receive nonstandard accommodations if appropriate.
- I am aware of and comply with the examination regulations of AEAfE. Any questions on the regulations should be addressed to AEAfE.
- AEAfE reserves the right to determine the region I will take the exam.

Candidate's name: _____

Personal Numeric Code (CNP): _____

Parent's/Guardian's name (if the candidate is under 18): _____

Date: _____ Candidate's Signature: _____

Parent's/Guardian's Signature: _____