37 Dionisie Lupu St., District 2, Bucharest, 020021, Romania; www.umfcd.ro; e-mail: rectorat@umfcd.ro

ANNEX 2.1—Chapter 3

TRANSFER APPLICATION FORM

UNIVERSITY _____
_____
(origin institution)
No. _____ **of** _____ **(date)**

APPROVED BY THE RECTOR
[stamp]

APPROVED BY THE CDS DIRECTOR
[stamp]

Endorsed by the DOCTORAL ADVISOR
[stamp]

UNIVERSITY _____
_____
(host institution)
No. _____ **of** _____ **(date)**

APPROVED BY THE RECTOR
[stamp]

APPROVED BY THE CDS DIRECTOR
[stamp]

Endorsed by the DOCTORAL ADVISOR
[stamp]

TO THE RECTOR

I, the undersigned _____, doctoral student in the doctoral field of ❑ Medicine/❑ Dentistry/❑ Pharmacy in ❑ tuition-free/❑ fee-based, full-time education (year of study ____) at the University _____, hereby request you kindly approve my transfer to the University _____ within the same field, i.e., the doctoral field of ❑ Medicine/❑ Dentistry/❑ Pharmacy (year of study ____), starting with the academic year _____.

I request the aforementioned transfer for the following reasons:

1. _____;
2. _____;
3. _____.

Please find enclosed a copy of my doctoral file.

Date _____ **Signature** _____

TO THE RECTOR OF THE UNIVERSITY OF _____
(origin institution)

Note: Two copies of this application (one for each institution) must be filled out.