



**UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE
„CAROL DAVILA“ DIN BUCUREȘTI**



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**Endorsed by,
PhD Supervisor**

**APPROVED by,
SENATE on (date):**

CoA on (date): _____

C.S.U.D on (date): _____

**Endorsed by Council of Doctoral School
on (date): _____**

Mister Rector,

The undersignedas PhD Student enrolled on (date) /..... /....., form of education budget / tax, under the scientific coordination of Prof./Associate Prof.,in the University Doctoral Domain: Medicine, Dental Medicine, Pharmacy in UMF „Carol Davila” in Bucharest, would kindly like to ask you to approve my request for extension of the **University Doctoral Studies** for the period covering

The reason I solicit the extension of the University Doctoral Studies is:
.....
.....
.....
I would also like to mention that I have benefitted / have not benefitted from other approvals of the University Management for discontinuity / extension of the University Doctoral Studies for a period of time amounting to..... between

Date:

**Signature,
PhD Student**

.....

Phone no:.....

E-mail:.....

To the Director of the Doctoral School in University of Medicine and Pharmacy „Carol Davila” in Bucharest