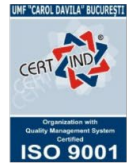




UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE
„CAROL DAVILA“ DIN BUCUREȘTI



Str. Dionisie Lupu 37, sector 2, București, 020021, România, www.umfed.ro, email: rectorat@umfed.ro

Endorsed by,
PhD Supervisor

APPROVED by,
Council of Doctoral School
on (date): _____

MISTER DIRECTOR,

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 **the discontinuity of my University Doctoral Studies** for the period covering

The reason I solicit the discontinuity of my 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