



**Endorsed by,
PhD Supervisor**

**APPROVED by,
Director of Doctoral School**

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 **MY RESUMING THE DISCONTINUED
UNIVERSITY DOCTORAL STUDIES**, discontinued on (date)
..... starting with

Date :

Signature,

PhD Student

.....

Phone no :

E-mail :

To the Director of the Doctoral School