Endorsed by,
PhD Supervisor

APPROVED,
C.o.A on (date) : _____

MISTER RECTOR,

The undersigned ……as PhD Student enrolled on (date) ……/……/……, form □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 **DEFINITVE WITHDRAWAL FROM THE UNIVERSITY DOCTORAL STUDIES**.

Date : .....

Signature,

PhD Student

…….....

Phone no: .....

E-mail: .....

To The Rector of University for Medicine and Pharmacy „Carol Davila” in Bucharest