



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

Registration no. ___/___/_____

Dear Principal,

I, _____ the
undersigned _____

(the name in the birth certificate shall be filled in) PhD student enrolled on ____:____:____
type budget sponsored/ tuition fee, in the doctoral studies in the field of Medicine ,
Dental Medicine , Pharmacy within the „Carol Davila” University of Medicine and
Pharmacy in Bucharest, having as PhD supervisor Mrs./Mr./Professor/Lecturer PhD
_____, with thesis title(*) _____

with the herewith, please approve the issuance of a **certificate that certifies my position of PhD student.**

The certificate is necessary for _____.

**Signature,
PHD STUDENT**

.....

Phone: _____

Email: _____

** shall be filled in with capital letters*

To the Principal of the Doctoral school of the “Carol Davila” University of Medicine and Pharmacy in Bucharest