



**Endorsed by,
Finance and Accounting Department**

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

Mister Director of Doctoral School,

The undersignedPIN (personal identification number), PhD student enrolled at (date)..... /..... /....., form of education budget / tax, under the scientific coordination of Prof./Associate Prof., in the University Doctoral Domain Studies Domain: Medicine, Dental Medicine, Pharmacy, would kindly like to ask you **to approve my resuming the position of PhD Student** in the **2023-2024** academic year, position suspended on (date).....by Decision of Council of Administration.

I hereby enclose the documents regarding the payment proof.

Mentions.....
.....

Date :

Signature,

PhD STUDENT

.....

Phone no:

E-mail :

To the Director of the Doctoral School