Approved,

DEAN

**Dear Mister Dean,**

 The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from country \_\_\_\_\_\_\_\_\_\_\_\_\_ student of the University of Medicine and Pharmacy „Carol Davila“from Bucharest, Faculty of Medicine, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_language module, form of studies – with frequency, financing form \_\_\_\_\_\_\_\_\_\_\_\_\_, year of study \_\_\_, series \_\_\_\_, group\_\_\_\_\_, collar no.\_\_\_\_\_\_\_, university year \_\_\_\_\_\_\_\_\_\_\_\_,please approve my ***re-enrollment for studies / resumption of studies.***

The request for resumption of studies is applied based on the temporary interruption from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contacts :

Tel:

Email:

*Domnului Decan al Facultății de Medicină*

*Referat secretar an:*

Studentul\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ anul \_\_\_\_\_\_\_ se încadrează la art \_\_\_\_\_\_ din \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_privind reînscrierea la studii pentru anul univ.\_\_\_\_\_\_\_\_\_\_\_

Situația școlară a studentului/ei la data\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

Anul \_\_\_\_/an univ. (20\_\_\_/20\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

*Secretar an:*

*Nume \_\_\_\_\_\_\_\_\_\_\_\_\_ Prenume\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Semnătura:*