

# REQUEST FOR TRANSCRIPT OF RECORDS AND SYLLABUS

## TO THE DEAN,

The undersigned, \_\_\_\_\_,  
country \_\_\_\_\_, student at the U.M.P. "Carol Davila"  
from Bucharest, **Faculty of Dentistry**, study language in **English**, financing form  
\_\_\_\_\_, year of study \_\_\_\_\_, group \_\_\_\_\_, enrolment number \_\_\_\_\_,  
academic year \_\_\_\_\_ - \_\_\_\_\_, hereby request the issuance of the following document/s:

- The **Syllabus\***  
 The **Transcript of Records (Academic Grade Record)\*\***

The reason for requesting the issuance of the document/s:

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### CONTACT INFORMATION:

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

*\* For the syllabus, a fee of 200 lei is to be paid into the IBAN account number RO72BTRLRONINCS000771401 opened at Banca Transilvania or at the cashier's desk at the Rector's Office. Proof of payment must be sent with the completed application. Upon picking up the syllabus, proof of fee payment must be presented in its original form.*

*\*\* The transcript of records / academic grade record will be issued for the completed academic years.*

**Date**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Signature**  
\_\_\_\_\_