

# REQUEST FOR TEMPORARY INTERRUPTION OF STUDIES / MEDICAL EXTENSION OF STUDIES

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Approved,  
**RECTOR**

Endorsed,  
**DEAN**

## TO THE DEAN,

The undersigned, \_\_\_\_\_,  
country \_\_\_\_\_, student at the University of Medicine and Pharmacy  
"Carol Davila" from Bucharest, **Faculty of Dentistry**, programme of study – Dental Medicine,  
study language in **English**, type of education – with frequency, financing form \_\_\_\_\_,  
year of study \_\_\_\_\_, group \_\_\_\_\_, enrolment number \_\_\_\_\_, academic year \_\_\_\_\_ - \_\_\_\_\_,  
hereby request that you approve my  *temporary interruption of studies* or  *medical  
extension of studies*, for the academic year \_\_\_\_\_ - \_\_\_\_\_.

The reason for the temporary interruption / medical extension of studies request is:

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*To corroborate the statements, I am attaching the necessary documentation (copies of relevant documents and/or records will be attached).*

### CONTACT INFORMATION:

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

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

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

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

Endorsed,  
**International Students Office**

***Note:** In accordance with the provisions of the Professional Activity Regulation, students enrolled on a fee-paying basis are obligated to pay the tuition fee promptly, including the full fee for the month in which they request the interruption. Students who interrupt their studies before the expiration of the term for which they paid the school fee cannot request refunding the amount paid.*

## REFERAT

Studentul/a, \_\_\_\_\_,  
țara \_\_\_\_\_, anul \_\_\_\_ de studii, se încadrează la:

**art. 62 și art. 63** din *Regulamentul privind activitatea profesională a studenților*, referitoare la **întreruperea studiilor**, pentru anul(ii) universitar(i) \_\_\_\_ - \_\_\_\_, \_\_\_\_ - \_\_\_\_.

**art. 58 și art. 59** din *Regulamentul privind activitatea profesională a studenților*, referitoare la **prelungirea medicală a studiilor**, pentru anul universitar \_\_\_\_ - \_\_\_\_.

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\_\_) \_\_\_\_\_;

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

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

Alte mențiuni: \_\_\_\_\_

\_\_\_\_\_

**Secretar,**

\_\_\_\_\_

**Semnătura**

\_\_\_\_\_