



# UNIVERSITATEA DE MEDICINĂ ȘI FARMACIE „CAROL DAVILA“ DIN BUCUREȘTI



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## **RECTORAT**

**Direcția Generală Secretariat Universitate  
Serviciul Studenți Internaționali**

### **REQUEST FOR RELEASE OF ORIGINAL STUDY DOCUMENTS**

I, the undersigned \_\_\_\_\_  
from (country) \_\_\_\_\_, born on (date) \_\_\_\_\_, student at the  
Faculty of **Dentistry**, academic year \_\_\_\_\_, year of study \_\_\_\_, enrollment number  
\_\_\_\_\_, study language **English**, hereby request the release of my original study documents as:

- I interrupted studies                       I withdraw from studies                       I did not pass the 1<sup>st</sup> year  
 I was expelled                                       I transferred to another university

### **CONFIRMATION FOR TERMINATION OF STUDENT STATUS**

<b>Department</b>	<b>Stamp / Signature</b>
<b>1. Faculty Secretariate</b> <i>15 Olteniței Road, Sector 4, Bucharest – UMPCD Amfiteatre, 1<sup>st</sup> floor</i>	
<b>2. U.M.P. Carol Davila Library</b> <i>8 Eroii Sanitari Boulevard, Sector 5, Bucharest</i>	
<b>3. Department for Social Affairs, Accommodation and Maintenance of Student Dorms</b> <i>290 Splaiul Independenței, Sector 6, Bucharest – Dorms Building U5, room 5</i>	
<b>4. Scholarships, Subscriptions and Cafeteria Department</b> <i>290 Splaiul Independenței, Sector 6, Bucharest – Dorms Building U5, room 6</i>	
<b>5. Financial-Accountability Department</b> <i>37 Dionisie Lupu Street, Sector 2, Bucharest</i>	
<b>6. International Students Office</b> <i>39-41 Nicolae Filipescu, Sector 2, Bucharest</i>	

Date \_\_\_\_\_

Signature,



## CONFIRMATION OF RECEIPT

I, the undersigned, \_\_\_\_\_,  
hereby confirm that I received the original documents from my file.

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

**Signature,**