

REQUEST FOR RE-ENROLLMENT FOR STUDIES / RESUMPTION OF STUDIES

Approved,
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 *re-enrolment for studies* or *resumption of studies*
in the year of study ____, academic year _____ - _____.

The request for re-enrolment for studies / resumption of studies is applied based on the
temporary interruption from _____

CONTACT INFORMATION:

Phone number: _____

E-mail: _____

Date
____ / ____ / _____

Signature

REFERAT

Studentul/a, _____,
țara _____, anul _____ de studii, se încadrează la
art. _____ din *Regulamentul privind activitatea profesională a studenților*, referitoare la
reînscierea la studii / reluarea 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
