

REQUEST FOR TUITION FEE INSTALLMENT

Approved,
DEAN

TO THE DEAN,

The undersigned, _____,
from 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 _____-_____, I kindly request approval for
the instalment payment of the tuition fee:

I would like to mention that, as of this date, I have paid _____ of the tuition fee,
which amounts to _____.

I propose to pay the remaining amount as follows:

CONTACT INFORMATION:

Phone number: _____

E-mail: _____

Date

____ / ____ / _____

Signature
