

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

**Approved,
RECTOR**

**Endorsed,
DEAN**

Dear Mister Dean,

The undersigned _____, from
country _____ student at University of Medicine and Pharmacy “Carol Davila
“from Bucharest, Faculty of Medicine, _____ language module, form of
education – with frequency, financing form _____, year of study _____, series _____,
group _____, collar number _____ university year _____, I hereby request that you
approve my *temporary interruption of studies / medical extension of studies for the
university year*

The reason of the *temporary interruption of studies / medical extension of studies for the
university year.*

To support my above request, I at this moment attach the supporting documents (copies of
relevant documents should be attached)

Date _____

Signature _____

Contacts:
Telephone:
E-mail address:

**Endorsed,
International Students Office**

NOTE:

Following the Professional Activity Regulations, students who study for a fee must pay the school tuition fee, including the full payment for the month when they request the interruption. Students who interrupt their studies before the expiration of the term for which they paid the school fee can not request refunding the amount paid.

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REFERAT SECRETARA DE AN:

Studentul _____ anul _____ se încadrează:

la art. 62 și 63 din Regulamentul de Activitate profesională privind întreruperea studiilor pentru anul univ. _____.

sau

la art. 58 și art. 59 din Regulamentul de Activitate profesională privind prelungirea medicală studiilor pentru anul univ. _____.

Situația școlară a studentului/ei la momentul întreruperii studiilor/prelungirii medicale a studiilor:

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____) _____;

Secretar an:

Nume _____ *Prenume* _____

Semnătura: