

REQUEST FOR TEMPORARY INTERRUPTION OF STUDIES / MEDICAL EXTENSION OF STUDIES

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 _____, enrollment 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:

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.*

R E F E R A T

Studentul/a, _____,
țara _____, anul ____ de studiu, 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
