

# REQUEST FOR THE WITHDRAWAL FROM 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 \_\_\_\_, enrolment number \_\_\_\_\_, academic year \_\_\_\_\_ - \_\_\_\_\_,  
hereby request that you approve my *withdrawal from studies*.

The reason for my withdrawal from studies:

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### **CONTACT INFORMATION:**

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Signature**

\_\_\_\_\_

## REFERAT

Studentul/a, \_\_\_\_\_,  
țara \_\_\_\_\_, anul \_\_\_\_\_ de studiu, se încadrează la **art. 65**  
*din Regulamentul privind activitatea profesională a studenților*, cu referire la **retragerea de la**  
**studii**, 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**

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