

TITU MAIORESCU UNIVERSITY
FACULTY OF DENTAL MEDICINE

To the Dean of Faculty of Dental Medicine,

Undersigned _____ student in the
_____ year of study 2024 – 2025 academic year, to the **Dental Medicine Faculty**, Dental
Medicine in English language study programme, please approve the equivalence of the
following subjects studied at _____ University
Faculty of _____:

No	Subject	Grade	The approval teacher's signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Respectfully,

(signature)

Date _____

Phone number _____

E-mail address _____