

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, I request the release of (1) _____

_____ necessary at (2) _____

_____ for (3) _____

Respectfully,

(signature)

Date _____

Phone number _____

E-mail adress _____

(1) a – a certificate / b – a transcript of records

(2) – it will be specify where the certificate /the transcript of records goes

(3) – it will be mentioned what the certificate /the transcript of records is needed for