*Favorable note, Approved,*

 DEAN, ADMINISTRATION COUNCIL

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To,**

 **“Victor Babeș” University of Medicine and Pharmacy from Timișoara,**

 The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,country\_\_\_\_ \_\_\_\_\_\_, student in the\_\_\_\_ year, \_\_\_\_ group, academic year 2016/2017, within **FACULTY OF DENTAL MEDICINE**, specialization DENTAL MEDICINE, T.UE/CPV place, please approve my **WITHDRAWAL** from the academic studies, for the next reasons:

 At the same time, please issue my:

* personal documents,
* transcript of records,
* syllabus.

Thank you.

Date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature, \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL SITUATION:

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_Average\_\_\_\_\_\_\_\_\_\_

 Faculty’s registrar,

The solutioning time is according to the applicable law