To,

THE FACULTY OF DENTAL MEDICINE - SECRETARIAT

 The undersigned student in the year, group, academic year , Faculty of Dental Medicine, Specialization: Dental Medicine in English, *please release THE INDIVIDUAL CATALOGUE OF REMAINING CREDITS for the following disciplines*:

|  |  |  |
| --- | --- | --- |
| **NO.** | **DISCIPLINE** | **DATE OF THE EXAM** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

Thank you.

 Date, Signature,

 I have received,

The solutioning time: 3 working days