To,

THE FACULTY OF DENTAL MEDICINE – SECRETARIAT

The undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student at The Faculty of Dental Medicine, specialization: Dental Medicine in English, in the \_\_\_\_ year, \_\_\_\_ group, academic year .

Please release a photocopy of my High School Diploma/Baccalaureate.

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

I have received

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The solutioning time is according to the applicable law