DEAN,

To,

THE FACULTY OF DENTAL MEDICINE WITHIN “VICTOR BABEȘ” UNIVERSITY OF MEDICINE AND PHARMACY FROM TIMIȘOARA

Mrs. Dean,

The undersigned

student in the year, academic year , group Faculty of Dental Medicine, Dental Medicine in English, please approve the re-examination at the following discipine:

1. Examination date:
2. Examination date:

Date, Signature,