*Favorable note, Approved,*

DEAN, ADMINISTRATION COUNCIL

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

**To,**

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

The undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_, country\_\_\_\_\_ \_ \_\_\_, expelled from The Faculty of Dental Medicine, specialization Dental Medicine in English, in the \_\_\_\_ year, \_\_\_\_ group, academic year , please approve my **re-enrollement** within The Faculty of Dental Medicine, specialization: Dental Medicine in English, in the year, academic year .

Thank you.

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

***SCHOOL SITUATION of the student***  *, registration number*  ***:***

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Year of study \_\_\_\_\_\_\_\_\_\_Academic year\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

***Faculty’s registrar,***

The solutioning time is according to the applicable law