*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 , within **FACULTY OF DENTAL MEDICINE**, specialization: DENTAL MEDICINE IN ENGLISH, place, please approve the **interruption** of the academic studies, during , for the next reasons:

Mentions:

 Thank you.

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

**STUDENT’S FINANCIAL SITUATION:**

**TAX PAID – until the request’s registration**

**Financial administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(name, surname, signature)

The solutioning time is according to the applicable law