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 duplicate of my school report card.

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

I have received

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

The solutioning time is according to the applicable law