**TITU MAIORESCU UNIVERSITY**

**FACULTY OF DENTAL MEDICINE**

**Ms. Dean,**

Undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student in the \_\_\_\_\_ year of study 2020 – 2021 academic year, to the **Dental** **Medicine Faculty**, Dental Medicine in English language Programme of study, please approve the equivalence of the following subjects studied at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ University Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:

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| **No** | **Subject** | **Grade** | **The approval teacher's signature** |
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Respectfully,

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

(signature)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_