**TITU MAIORESCU UNIVERSITY**

**FACULTY OF MEDICINE**

**Mrs Dean,**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Subject** | **Grade** | **The approval teacher's signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Respectfully,

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

(signature)

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

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