**UNIVERSITATEA TITU MAIORESCU**

**FACULTATEA DE MEDICINĂ DENTARĂ**

**Doamna Decan,**

Subsemnatul \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student în anul \_\_\_\_\_\_\_ de studii, anul universitar 2023 – 2024, la Facultatea de Medicină Dentară, programul de studii **Medicină Dentară**, vă rog sa îmi aprobați \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Vă mulțumesc,

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 (semnătura)

Data \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Număr de telefon \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adresa de e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_