



INSTITUȚIA PUBLICĂ  
UNIVERSITATEA DE STAT DE MEDICINĂ ȘI FARMACIE  
„NICOLAE TESTEMIȚANU” DIN REPUBLICA MOLDOVA

Pag. 1 / 1

CERERE PENTRU ACHITAREA TAXEI DE STUDII ÎN RATE

APPROVED  
Rector

\_\_\_\_\_ Emil Ceban

*Dear Rector,*

*Undersigned \_\_\_\_\_,  
student year \_\_\_\_\_, gr. \_\_\_\_\_, student ID (SIMU) \_\_\_\_\_, Faculty \_\_\_\_\_,  
ask your permission to pay the tuition fee in 2 parts..*

*The first tranche in the amount of \_\_\_\_\_%, shall be paid till \_\_\_\_\_, and the  
second tranche in the amount of \_\_\_\_\_% till \_\_\_\_\_, because*

*Annex: \_\_\_\_\_*

\_\_\_\_\_ date

\_\_\_\_\_ signature

To Emil Ceban,  
Rector of SUMPH "Nicolae Testemițanu"  
University Professor, PhD

COORDINATED  
Dean