



**INSTITUȚIA PUBLICĂ  
UNIVERSITATEA DE STAT DE MEDICINĂ ȘI FARMACIE  
"NICOLAE TESTEMIȚANU" DIN REPUBLICA MOLDOVA**

Pag. 1 / 1

APPROVED  
Rector

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

\_\_\_\_\_

*Dear Rector,*

Undersigned \_\_\_\_\_ student  
year \_\_\_\_\_, group \_\_\_\_\_, student ID (SIMU) \_\_\_\_\_, Faculty of Medicine no. 2, ask  
your permission \_\_\_\_\_

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\_\_\_\_\_ date

\_\_\_\_\_ signature

To Emil Ceban,  
rector PI USMF „Nicolae Testemițanu”,  
university professor, PhD

Coordinated  
Dean