



**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 _____

date

signature

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

Coordinated
Dean