



**PUBLIC INSTITUTION NICOLAE TESTEMITANU STATE
UNIVERSITY OF MEDICINE AND PHARMACY OF THE
REPUBLIC OF MOLDOVA**

Pag. 1 / 1

APPROVED
Rector

_____ Emil Ceban

Dear Rector,

The undersigned _____

Annex: _____
(as appropriate)

date

signature

To Emil Ceban,
rector of Nicolae Testemițanu University,
university professor, PhD

Coordinated
Dean