

Ministry of Health, Labor and Social Protection of the Republic of Moldova

***Nicolae Testemitanu* State University of Medicine and Pharmacy**

FACULTY NAME

Department/Chair of **name**

Licentiate thesis

THEME OF THE THESIS IN CAPITAL LETTERS

SURNAME, first name of the student

Year __, group __

Scientific advisor:

Surname and name of the scientific advisor(s)

Scientific degree, didactic degree

Chisinau, year