**Ministry of Health 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