APROB

Rector

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

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# *Stimate Domnule Rector,*

 *Subsemnatul(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,

*student(ă) anul \_\_\_\_\_ grupa \_\_\_\_\_ Facultatea de*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*solicit permisiunea Dumneavoastră ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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 Data Semnătura

Dlui Emil Ceban,

rector al USMF „Nicolae Testemiţanu”,

dr. hab. șt. med., profesor universitar

COORDONAT

Decan \_\_\_\_\_\_\_\_\_\_\_\_\_\_