APROB

Rector

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

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# *Stimate Domnule Rector,*

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

*angajat(ă) în funcţia de* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*catedra/subdiviziunea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*,

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

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 Data Semnătura

Dlui Emil Ceban,

rector al USMF „Nicolae Testemiţanu”,

dr. hab. șt. med., profesor universitar