APPLICATION FOR THE RELEASE OF A SEALED ENVELOPE CONTAINING COPIES OF EDUCATION DOCUMENTS (documents submitted electronically)

FORM AS9-b

Signature_____

TO THE RECTOR,

The undersigned,	
(Family name and all given names according to the certificate of birth) Graduate of the Politehnica University of Timişoara, Faculty	
Form of study (check the appropriate box):	
☐ Bachelor 5 years (full time / evening courses)	☐ Bachelor 6 years (with integrated Master)
☐ Bachelor 3 years (full time / distance learning)	☐ Bachelor 4 years
☐ Master (1 / 2 years)	☐ College
☐ Advanced studies	☐ Assistant engineer (full time / evening courses)
Calendar year of the completion of the final acade	mic year
Calendar year of the conferring of the degree	, month
and a full address)	fiate box): following address (please specify a contact person e following postal address/ e-mail (please specify a
Contact data of the applicant:	
Phone number E-mail address	
Date:	Signature,
Note on the processing and storage of personal data	
The undersigned	, I am aware that the Politehnica University of Timisoara
will process, by any means, my personal data, made ava	ilable on the obtaining of the study documents / university the protection of individuals with regard to the processing of

Note:

⁻ Study documents shall be released with a fee. Please consult Fees for the release of study documents.