

**APPLICATION FOR THE RELEASE OF A NEW
CERTIFICATE OF COMPLETION OF STUDIES**

FORM AS11

TO THE RECTOR,

The undersigned,

(family name and all given names according to the **certificate of birth**)

**Graduate of the Politehnica University of Timișoara,
Faculty** _____

Specialization _____

Form of study (check the appropriate box):

- ☐ Bachelor 6 years (with integrated Master)
- ☐ Bachelor 4 years (full time / distance learning)
- ☐ Bachelor 3 years (full time / distance learning)
- ☐ Master (1 / 2 years)
- ☐ Post-graduate

Calendar year of the completion of the final academic year _____

Calendar year of the conferring of the degree _____, month _____.

**Knowing the provisions of Article 326 of the Criminal Code on false statements, I declare
on my own responsibility that the certificate of completion of the studies has been**

☐ lost ☐ destroyed ☐ damaged ☐ plasticized.

Please agree to issue and release a new Certificate of the Completion of Studies.

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 available on the obtaining of the study documents / university documents, in accordance with Regulation (EU)2016/679 on the protection of individuals with regard to the processing of personal data and on the free movement of such data.

Signature _____