APPLICATION FOR THE RELEASE OF THE DIPLOMA AND TRANSCRIPT OF RECORDS

FORM AS1

Signature____

TO THE RECTOR,

The undersigned,	
(family name and all given names according to the certificate of birth)	
Graduate of the Politehnica University of Tim	-
Specialization	
Form of study (check the appropriate box):	
☐ Bachelor 5 years (full time / evening courses) ☐ Bachelor 3 years (full time / distance learning) ☐ Master (1 / 2 years) ☐ Advanced studies ☐ Post-graduate	☐ Bachelor 6 years (with integrated Master) ☐ Bachelor 4 years ☐ College ☐ Assistant engineer (full time / evening courses)
Calendar year of the completion of the final acade	emic year
Calendar year of the conferring of the degree	, month
Please agree to release my diploma an corresponding to the form of higher education	d the accompanying transcript of records on described above.
\square Expedited release (within three working day	s after the application).
☐ Normal release (starting from the fourth wo	
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 ailable on the obtaining of the study documents / university the protection of individuals with regard to the processing of

- Study documents wil be released on demand. Please make an appointment at http://actestudii.upt.ro/.
 Study documents shall be released with a fee. Please consult Fees for the release of study documents.