APPLICATION FOR THE RELEASE OF A CERTIFICATE

FORM AS5-b

Signature____

TO THE RECTOR,

(family name and all given names according to the certificate of birth) Born on in the locality of	
Graduate of the Politehnica University of Timişoara, Faculty	
pecialization	
orm of study (check the appropriate box):	
\square Bachelor 5 years (full time / evening courses)	\square Bachelor 6 years (with integrated Master)
☐ Bachelor 3 years (full time / distance learning)	☐ Bachelor 4 years
☐ Master (1 / 2 years)	☐ College
☐ Advanced studies	\square Assistant engineer (full time / evening courses)
☐ Post-graduate	
alendar year of the confering of the degree	, month
alendar year of the completion of the final acade alendar year of the confering of the degree lease agree to release a certificate about the check the appropriate box): □ Publication of the loss of / damage to my gr □ Other purposes (please specify)	the studies I graduated, for me to use aduation document in the Official Gazette
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