UMF
UNIVERSITATEA DE MEDICINĂ ŞI FARMACIE IULIU HAŢIEGANU CLUJ-NAPOCA

Faculty of _____

In attention of the Dean

I, the undersigned_____,

Student registered at the Faculty of _____,

specialisation_____

year ____ group____,

I hereby ask you to accept my absences due to medical reasons for the following period

_____.

Please find attached the medical certificate.

Date_____ Signature_____

APPROVED,

Dean,

_____

I received,