APPLICATION FOR THE RELEASE OF A DIPLOMA DUPLICATE



Signature__

TO THE RECTOR,

(family name and all given names according to the certificate of birth) Graduate of the Politehnica University of Timişoara,	
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	· · · · · · · · · · · · · · · · · · ·
Calendar year of the completion of the final acad	emic year
Calendar year of the conferring of the degree	, month
Please agree to release a duplicate of my di Series, issued , because the original documen	with university no on the date
□ Lost □ Destroyed	□ Damaged □ Plasticized
 To this application I attach: Declaration on my own responsibility Announce in the Official Gazette for the lo Copy of the birth certificate (certified with Copy of the identity document The original document (if damaged or pla destroyed) 2 recent photographs, size 3 cm by 4 cm Proof of payment of the fee Please agree to release such duplicate in 	the original) sticised) or Copy of the original document (if lost or
\square Expedited release (within three working da	ys after the application).
\square Normal release (starting from the fourth we	orking day after the application).
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
will process, by any means, my personal data, made av documents, in accordance with Regulation (EU)2016/679 or personal data and on the free movement of such data.	ailable on the obtaining of the study documents / university n the protection of individuals with regard to the processing of

Note: