## TO THE RECTOR,

## The undersigned,

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

	of the Politehnica L		-		
Specializa	ation				
Form of s	<b>tudy</b> (check the appro	opriate box):			
🗆 Ba	chelor 6 years (with ir	tegrated Master)			
Bachelor 4 years (full time / distance learning)					
🗆 Ba	chelor 3 years (full tin	ne / distance learning	)		
🗆 Ma	aster (1 / 2 years)				
Calendar y	vear of the completion	of the final academic	year		
Calendar y	vear of the conferring	of the degree	, month		
-	•		iminal Code on false completion of the stu	statements, I declare dies has been	
🗆 lost	☐ destroyed	□ damaged	□ plasticized.		
Please ag	ree to issue and rel	ease a new Certific	ate of the Completion	n of Studies.	
Contact da	ta of the applicant:				
Phone num	ber				
E-mail addr	ess				
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 accordance between the free result of the study document o personal data and on the free movement of such data.

Signature\_\_\_\_\_