TO THE RECTOR,

The undersigned,	
(family name and all given names according to the certificate of birth)	
Born on in the locality of	
Graduate of the Politehnica University of Tin Faculty	• •
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) 	 Bachelor 6 years (with integrated Master) Bachelor 4 years College
□ Advanced studies	Assistant engineer (full time / evening courses)
Calendar year of the completion of the final acade	emic year
Calendar year of the confering of the degree	, month
Please agree to release a certificate about (check the appropriate box):	t the studies I graduated, for me to use for
 Confirmation of the authenticity of my grad The application of the Appostille on my grad Certification of my graduation document by Publication of the loss of / damage to my graduation 	duation document the relevant Ministry
\square Foreign employment \square Other purposes (please specify)	
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 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 personal data and on the free movement of such data.

Note: - *Study documents shall be released with a fee. Please consult* <u>*Fees for the release of study documents.*</u>

Signature_