## 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  |  |
|---|--|
|   |  |
| Form of study (check the appropriate box):  |  |
| $\square$ Bachelor 5 years (full time / evening courses)  | ☐ Bachelor 6 years (with integrated Master)                                  |
| $\square$ Bachelor 3 years (full time / distance learning)  | ☐ Bachelor 4 years   |
| ☐ Master (1 / 2 years)  | ☐ College  |
| ☐ Advanced studies  | $\square$ Assistant engineer (full time / evening courses)                   |
| Calendar year of the confering of the degree  | , month  |
| Please agree to release a certificate about (check the appropriate box):  | the studies I graduated, for me to use for                                   |
|   | aduation document in the Official Gazette                                    |
| (check the appropriate box):  Publication of the loss of / damage to my gr  | aduation document in the Official Gazette                                    |
| (check the appropriate box):  □ Publication of the loss of / damage to my gr □ Other purposes (please specify)  | aduation document in the Official Gazette                                    |
| (check the appropriate box):  Publication of the loss of / damage to my gr Other purposes (please specify)  I attach to this application (check the appropri  | aduation document in the Official Gazette  ate box):                         |
| (check the appropriate box):  ☐ Publication of the loss of / damage to my gr ☐ Other purposes (please specify)  I attach to this application (check the appropri ☐ a copy of the diploma of   | aduation document in the Official Gazette  ate box):  of records             |
| (check the appropriate box):  ☐ Publication of the loss of / damage to my gr ☐ Other purposes (please specify)  I attach to this application (check the appropri ☐ a copy of the diploma of ☐ copy of the diploma supplement /transcript  | ate box):  of records  |
| (check the appropriate box):  ☐ Publication of the loss of / damage to my gr ☐ Other purposes (please specify)  I attach to this application (check the appropri ☐ a copy of the diploma of ☐ copy of the diploma supplement /transcript ☐ proof of payment of the fee for issuing the  | aduation document in the Official Gazette  ate box):  of records certificate |
| (check the appropriate box):  ☐ Publication of the loss of / damage to my gr ☐ Other purposes (please specify)  I attach to this application (check the appropri ☐ a copy of the diploma of ☐ copy of the diploma supplement /transcript ☐ proof of payment of the fee for issuing the  Contact data of the applicant:                              | aduation document in the Official Gazette  ate box):  of records certificate |
| (check the appropriate box):  ☐ Publication of the loss of / damage to my gr ☐ Other purposes (please specify)  I attach to this application (check the appropri ☐ a copy of the diploma of ☐ copy of the diploma supplement /transcript ☐ proof of payment of the fee for issuing the  Contact data of the applicant:  Phone number E-mail address | aduation document in the Official Gazette  ate box):  of records certificate |

Note:

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