



UNIVERSITATEA DE ȘTIINȚE AGRONOMICE ȘI MEDICINĂ VETERINARĂ – BUCUREȘTI



RECTOR,

Prof.univ.dr. Răzvan Ionuț **TEODORESCU**

Dear Mr. Rector,

The undersigned..... citizen of identified with passport no. graduate of bachelor studies (Faculty and year).....and master studies (Specialization and year)....., I kindly request the **OFFICIAL APPROVAL** to register my application file to the Ministry of Education in order to obtain the ***Certificate of Recognition of Studies for PhD studies*** in the field of, in the frame of USAMV of Bucharest beginning with the academic year

The proposed research topic is entitled:

Applicant signature,

C.S.U.D. Director

Prof.univ.dr. Constantin **VLĂGIOIU**

Signature:

Doctoral School of

Director,

Prof.univ.dr.

Signature:

PhD Supervisor,

Prof.univ.dr.

Signature: