



MINISTRY OF EDUCATION  
University of Medicine and Pharmacy of Craiova

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## Place of Study Confirmation

I, the undersigned, \_\_\_\_\_, citizen of  
\_\_\_\_\_, residency \_\_\_\_\_,  
passport/I.D. series \_\_\_\_\_ no. \_\_\_\_\_, issued by \_\_\_\_\_,

- CONFIRM**
- REFUSE**

my place of study at the University of Medicine and Pharmacy of Craiova at the following programme of study:

- Faculty of Medicine - Programme of study Medicine in English**
- Faculty of Dental Medicine - Programme of study Dental Medicine in English**

**\*Please select just one option out of the two available.**

Date \_\_\_\_\_

Signature \_\_\_\_\_