



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**
- Faculty of Pharmacy - Programme of study Pharmacy in English**

***Please select just one option out of the three available.**

Date _____

Signature _____