



VICE-RECTOR

FOR EDUCATION AND
QUALITY ASSURANCE
IN EDUCATION

Type form

REQUEST FOR: BACHELOR
THESIS/DISSERTATION THESIS,
NAME AND COORDINATOR

Edition 1/2012

Approved by the Senate of
UASVM Bucharest

M-2

Visa of,

Approved,

Coordinator,

Dean,

Position, Name, Surname

Assoc. Professor Iuliana IONAȘCU, DVM
PhD

.....

.....

L.S.

Dear Mrs. DEAN,

I, the undersigned, _____, student of the Faculty
of Veterinary Medicine, field of study _____, year _____, group
_____, I therefore request you to accept my application for elaborating my Dissertation Thesis, named*:
” _____
_____”

under coordination of _____,
who carry out teaching activities at the discipline _____ -
_____, for participation to dissertation examination held
in the session _____.

Surname and name of student (fully written):

Date:

Signature,

.....

To Mrs. Dean of the Faculty of Veterinary Medicine, Assoc. Professor Iuliana IONAȘCU, DVM PhD

The title of the work will fit into the specifics/topics of the discipline taught by the scientific coordinator

(This application is not the same as the application for registration for the graduation exam)