BABEŞ-BOLYAI UNIVERSITY FACULTY OF EUROPEAN STUDIES	
No/	Approved, DEAN,
	Approved, Equivalence Committee
Dear members of the Equivalence Committee,	
I, the undersigned the academic year 20 / 20, year of study, study	, student in Bachelor level/Master level, programme of
type of enrollment full-time /distance learning the discipline of study	, earned at the programme, at the
Faculty which I attended/am attending in the academ	_ in the study plan of the programme
Contact information: e-mail	, tel. no
I enclose the certificate with the grade issue records and the syllabus for the discipline pro-	
Date	Signature

To the Dean of the Faculty of European Studies