FACUI	S-BOLYAI UNIVERSITY LTY OF EUROPEAN STUDIES
	Approved, DEAN,
	Dear Dean,
student learning	I, the undersigned
	Reason for request*
Date	Signature
	To the Dean of the Faculty of European Studies
Acader	mic situation of studentmatriculation no
	Administrator in chief

^{*}The request form will be accompanied by documents supporting the reason for the request.