GEORGE EMIL PALADE UNIVERSITY OF MEDICINE, PHARMACY, SCIENCE AND TECHNOLOGY OF TÂRGU MUREȘ

Approved,

RECTOR,

Prof.dr. Leonard AZAMFIREI

FULFILMENT OF MINIMAL CRITERIA AND STANDARDS*

☐ **YES** ☐ **NO**

APPLICATION FORM

to defend the habilitation thesis

The undersigned ……

course holder in …… , within the department…….. ,

of the Faculty of…….....on the position of……..……., I hereby request the defence of the habilitation thesis in the field of …….. doctoral studies.

I request that the process of obtaining the habilitation in the field…….., will take place within the Doctoral School ……..within the I.O.S.U.D. of the G. E. Palade UMFST of Tg. Mureş.

Affidavit, I declare that the information presented in this application form and in the habilitation file corresponds to reality.

Date, Candidate,

_____ _____

*To be completed by the Director of the C.S.U.D. only after verification and approval of the candidate's file by the C.S.D.