**DOMNULE DECAN,**

 Subsemnatul/(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1 candidat admis la Facultatea de Filosofie și Științe Social-Politice în anul \_\_\_\_\_\_\_\_2, specializarea\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CNP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ rog să binevoiţi a-mi aproba acordarea **cazării pe motive medicale / plasament familial / orfani ambii părinţi / revoluţionar** pe anul universitar **2018 / 2019**.

*Notă*:

*Rubrica 1 se completează astfel: Nume,* ***iniţiala tatălui****, prenume*

*Rubrica 2 se completează anul 1 sau 1 master*

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| \* PENTRU **ORFANII DE AMBII PĂRINŢI** / **PLASAMENT** **FAMILIAL/ INSTITUŢIONAL**  NR. DOCUMENT SAU HOTĂRÂRE JUDECĂTOREASCĂ:---- |
| \* DENUMIREA BOLII DIN **CERTIFICATUL / ADEVERINŢA MEDICAL(Ă)** : ---- |
| \* CERTIFICAT DE **REVOLUTIONAR** NR. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Pentru justificarea celor declarate anexez următoarele acte:**

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Actele anexate nespecificate / neprecizate în prezenta cerere nu sunt luate în considerare.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2018 Semnătura \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_