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Stimate Domnule Decan,

 Subsemnatul(a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

student(ă) în anul \_\_\_, gr. \_\_\_\_\_, solicit acordul Dumneavoastră privind \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Data Semnătura

Decan

Facultatea Geografie

Ion Mironov

doctor, conferențiar universitar