**DOMNULE DECAN,**

 Subsemnatul (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1 student (a) la Facultatea de LITERE în anul \_\_\_\_\_\_\_\_\_2, specializarea \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CNP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ rog să binevoiţi a-mi aproba acordarea **cazării pe motive medicale / plasament familial / orfani ambii părinţi / revoluţionar** / **familiști** pe anul universitar **2021 / 2022**.

*Notă*:

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

*Rubrica 2 se completează anul 1,2,3, 1 master sau 2 master corespunzător anului universitar curent*

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| * **ORFANII DE AMBII PĂRINŢI**
* **PLASAMENT** **FAMILIAL/ INSTITUŢIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(** nr. document sau hotărâre judecătorească) |
| * **DOSAR DE FAMILIŞTI**
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| * **CAZ MEDICAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| \* 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.

**Am luat la cunoştinţă de prevederile art. 15 (1) din *Regulamentul serviciilor pentru studenţi* care menţionează faptul că studenţii pot obține dreptul de cazare socială doar daca au acumulat 40 de credite din 60, în anul universitar anterior (în cazul studenţilor orfani de ambii părinţi sau plasament se solicită minim 20 de credite din 60).**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021 Semnătura \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_