Nr. şi dată înregistrare \_\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_.\_\_\_.\_\_\_\_\_\_\_\_

Doamnă Director,

Subsemnatul(a), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CNP \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_, student(ă) în cadrul Facultăţii de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, anul universitar \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_, programul de studii universitare de licenţă \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, anul \_\_\_\_\_\_ de studii, forma de învăţământ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, forma de finanţare \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

vă rog să-mi aprobaţi **retragerea de la MODULUL PSIHOPEDAGOGIC, NIVEL \*\_\_\_\_\_\_\_\_\_, organizat de către DEPARTAMENTUL PENTRU PREGĂTIREA PERSONALULUI DIDACTIC, din cadrul ACADEMIEI DE STUDII ECONOMICE DIN BUCUREȘTI.**

Menţionez că doresc să mă retrag de la Modulul Psihopedagogic deoarece: \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Data Semnătura

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