

CONSTANTA MARITIME UNIVERSITY

STUDENT DORM _____

REGISTRATION NUMBER AND

DATE OF SUBMISSION

_____/____/_____

NOTICE TO LEAVE THE STUDENT DORM

Madam Administrator,

The undersigned, _____, student at the

 Faculty of Navigation and Naval Transport/ Faculty of Marine Engineering, study program:

_____, ___ year of study, housed in _____ Student Dormitory, room

_____, please approve my removal from the records of the dormitory, starting from the date

of* _____.

Mentions regarding the payment of the
dormitory fee and/or the conduct of the
student:

Administrator of _____ Student Dormitory

Name and surname _____

Signature _____

* The day on which it is requested to leave the dormitory will not be taken into account in the calculation of the due fee, considering the fact that the student loses the right to accommodation starting from the mentioned date.