

CERTIFICATE

I undersigned,....., the head of
medical/pharmacy/dental/maieutics department of the University of
.....
certifies that :

Student's Last Name and first name:.....

Born the :..... at.....

And residing at the address :

.....
.....

Is registered, for the year 2024-2025, in.....year of
medicine/pharmacy/dental/maieutics studies to obtain the diploma
of.....

He/She, is likely to complete his/her 3rd year of studies before June 30, 2025.

Additional remarks :

Done in

On.....

Signature and stamp of the University: