

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 2025-2026, in.....year of
medecine/pharmacy/dental/maieutics studies to obtain the diploma
of.....
He/She, is likely to complete his/her 3rd year of studies before June 30, 2026.

Additional remarks :

Done in

On.....

Signature and stamp of the University: