



Str. Universității nr.16, 700115, Iași, România www.umfiasi.ro

ADDENDUM No /	. October 2020
To Study Framework Agreement for Students No/	
I. Contracting Parties:	
1. "GRIGORE T. POPA" UNIVERSIT DEAN OF THE FACULTY, PROF. LE	TY OF MEDICINE AND PHARMACY IAȘI, FACULTY OF PHARMACY, REPRESENTED BY THE NUȚA PROFIRE MD PhD and
2	as student in English
-	dy, beneficiary of educational services financed, identity card series ding incountry, town, Street, address
_	sion no. 503/13.05.2020 related to the amount of the annual tuition fess, the d deadlines for payment of the tuition fees,
The Parties agreed to sign this A	Addendum, with the following content:
Art. 1. Point 5.5. from Chapter IV o	of the Study Framework Agreement is modified with the following content:
and Pharmacy until the end of the 17 th 2021 and the 3 rd and the credited exams and failed exams by the university and published of	e established tuition fees according to the Regulations of the University of Medicine the academic year in 3 parts: 1st part until October 11th 2020, 2nd part until January last part until May 22th 2021. For the extra-ordinary session for increasing marks, states, the students have to pay the fee of this period, according to the decisions adopted on the university website, according to the structure of the academic year. 2020 - 2021) is 5000 Euro, and must be paid in three instalments: 1st installment - 1500 euro - III nd installment - 2000 euro.
The fee for final complementary	year is 1500 Euro and must be paid in until October 11 th 2020.
Art. 2. Annex 1, entitled "Consent the study contract are unchang	to processing of personal data" is part of the study contract. Other provisions from ged.
The present addendum is conclud	ded today in two copies, one for each party.
DEAN, Prof. Lenuța Profire MD. PhD	FACULTY CHIEF SECRETARY, Elena Marin
SECRETARY,	STUDENT*,
Dorica Vieru	
	* The student will write on each page of the contract "read and assumed" and will sign.
CULTATEA	

SECRETARIAT FACULTATE +40 232 301 623 tel / +40 232 301 617 secretariat-farmacie@umfiasi.ro

Name: _____ pagina **1** din 1 Signature: