

To Rector
of Private Higher Educational
Establishment «Kyiv Medical
University»
Prof., MD Borys Ivnyev
of 5th (6th) year student
of Pharmaceutical faculty
group _____
full First and Last name

APPLICATION

I request you to pass through my practical training in the specialization “Quality control of medicines” at the Department of Pharmaceutical and Biological Chemistry, Pharmacognosy.

Date

student's signature