



КИЇВСЬКИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
KYIV MEDICAL UNIVERSITY
EST.1992



**To Dean of International faculty
of Kyiv Medical University
Kostiantyn Kachan
from the student of
the _____ Year of study**

Group _____

(surname & name)

(phone number)

**INTERNATIONAL
FACULTY**
Application

Kindly ask you to give me free rework slip on the subject _____

hours _____ due to the fact that _____

Date

**KMU
UKRAINE**

Signature