



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 an individual examination sheet of taking my final examination on the subject _____ for the 202__ -202__ academic year.

Date

Signature

**KMU
UKRAINE**