



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)

Application

Kindly ask you to change my surname/name in my educational documents from

_____ to _____
due to the fact that _____

Here are the copies of my documents.

Date

Signature