



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 give me a certificate of my learning outcomes at «Kyiv medical university» for the period from _____ till _____.

Date

Signature

**KMU
UKRAINE**