



КИЇВСЬКИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ
KYIV MEDICAL UNIVERSITY
EST.1992



**To Rector
of Kyiv Medical University
Borys Ivnyev
from the student of
the _____ Year of study**

Group _____

(surname & name)

(phone number)

**INTERNATIONAL
FACULTY**
Application

Kindly ask you to grant me an academic leave from _____ till _____
for the reason of _____.

Date

Signature

**KMU
UKRAINE**