



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)



Application

Kindly ask you to issue me an academic transcript due to the fact that I was expelled
from Kyiv Medical University.

Date

Signature

**KMU
UKRAINE**