



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 allow me to attend classes of the _____ semester _____ year of
study since my academic leave is over.

Date

Signature

**KMU
UKRAINE**