



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 expel me from Kyiv Medical University of my own will.

**Date**

**Signature**

**KMU  
UKRAINE**