



КИЇВСЬКИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ  
KYIV MEDICAL UNIVERSITY  
EST.1992



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

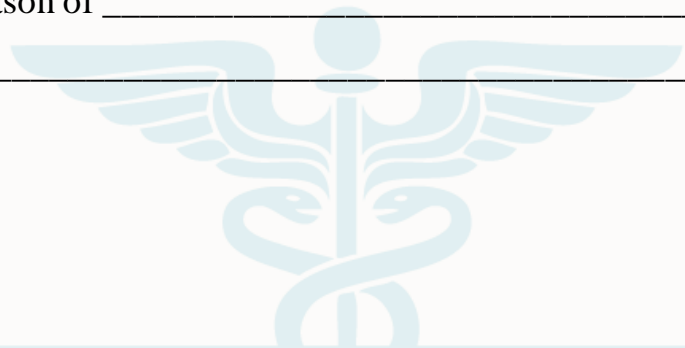
**Group** \_\_\_\_\_

\_\_\_\_\_ (surname & name)

\_\_\_\_\_ (phone number)

**INTERNATIONAL  
FACULTY**  
**Application**

Kindly ask you to grant an extension of my academic leave from \_\_\_\_\_ till  
\_\_\_\_\_ for the reason of \_\_\_\_\_



**KMU  
UKRAINE**

**Date**

**Signature**