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| --- | --- |
| APPLICATION | To the rector Igor Zhuk Grodno State Medical University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name of applicant)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(international phonenumber)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(e-mail) |

Could you issue a Medical Student Performance Evaluation.

Annex: 1. Copy of the diploma;

2. Copy of the academic transcript;

3. Consent to personal data processing.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 (signature) (full name)

If my presence is impossible and/or if required to send documents using regular mail, I hereby authorize the following person to collect a package of documents:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(full name of confidant)

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(passport data: series, number, date and place of issue, mobile phone)

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 (signature) (full name)