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| --- | --- |
| APPLICATION  \_\_\_\_\_\_\_\_\_\_\_\_\_  (date) | To the rector of  Grodno State Medical University  Igor H. Zhuk  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (full name of applicant)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (international phone number)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (e-mail) |

Please confirm study at the educational institution "Grodno State Medical University" in the period from \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_, the diploma in the name of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, series \_\_\_\_ No. \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_, registration No. \_\_\_\_\_\_\_\_\_\_\_\_\_, and academic transcript of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ registration No. \_\_\_\_\_\_\_\_\_.

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)

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

(signature) (full name)