|  |  |
| --- | --- |
| 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)