

APPLICATION

To the Rector of the Grodno State
Medical University
Professor V.A.Snezhitskiy

(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 required to send documents using regular mail, I hereby authorize the following person to collect a package of documents:

(full name of confidant)

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