To the rector of Sumy NAU

Igor KOVALENKО

Postgraduate student \_\_\_\_\_\_\_\_course

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(full-time / part-time / evening form of education)

Specialty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(First Name Surname)

Tel. (Viber WhatsApp) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement

I ask you to consider me as having started my studies after an academic leave of absence from

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

Date  Signature

Agreed:

Research supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature Name SURNAME

I am attaching the following to the application:

Supporting documents

Excerpt from the minutes of the department meeting

Excerpt from the minutes of the faculty academic council

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

Date  Signature

Notes:

Applications will not be accepted without the approval of the supervisor of the department of postgraduate and doctoral studies!

For a commercial form, the application must be approved by the planning and financial department on the absence of debt