

To: Dean of the International Faculty
Associate Prof. Buria L.V.,MD, PhD
From: the _____-year student
of the _____ group
Specialty _____
citizen of _____

Tel/ _____

Request

Hereby I kindly ask to issue me the Certificate stating that I am a ___-year student of International Faculty at the Ukrainian Medical Stomatological Academy, majoring in “ _____ ” for submission to _____

(date)

(signature)