|  |  |
| --- | --- |
| For processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University RectorCorresponding member of the RASVladimir N. Vasilyev, DScfrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name)student of group № \_\_\_\_\_\_\_of the school/institute/cluster of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of structural unit)phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REQUEST

I am hereby requesting academic leave for medical reasons.

Supporting documents are attached.

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (signature) (full name)

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

(full name)

is a student of ITMO University.

Student Services Office staff member \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature) (full name)

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_

(date)

Assessment by the medical board of the city hospital №75/37:

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_

(date)

**To be filled in by the Student Services Office:**

 The student is to be granted academic leave for the period between\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ and \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

The student has been informed of the dates of their academic leave:

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (signature) (full name)