|  |  |
| --- | --- |
| For processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University RectorCorresponding member of the RASVladimir N. Vasilyev, DScfrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name)student of the school/institute/cluster of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of structural unit)phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REQUEST

I hereby request to be allowed to return to my studies in relation to the end of my academic leave, which was provided due to family commitments, starting on \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

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

(date) (signature) (full name)

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

The student is to be added to study group № \_\_\_\_\_\_\_\_