|  |  |
| --- | --- |
| For processing  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature)  \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University Rector  Corresponding member of the RAS  Vladimir N. Vasilyev, DSc  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (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 № \_\_\_\_\_\_\_\_