|  |  |
| --- | --- |
| For processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University RectorCorresponding member of the RASVladimir N. Vasilyev, DScfrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(full name)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 for medical reasons, starting on \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_.

Supporting documents are attached.

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

(date) (signature) (full name)

Assessment by the medical board of the city hospital №75/37 on the matter of allowing the student to resume their studies starting on \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_:

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

(date)

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

The student is to be allowed to resume their studies in relation to the end of their academic leave, which was provided for medical reasons, starting on \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ and as a member of study group № \_\_\_\_\_\_\_\_.