

	<b>«С.Ж. АСФЕНДИЯРОВ АТЫНДАҒЫ ҚАЗАҚ ҰЛТТЫҚ МЕДИЦИНА УНИВЕРСИТЕТІ» КЕАҚ</b> <b>НАО «КАЗАХСКИЙ НАЦИОНАЛЬНЫЙ МЕДИЦИНСКИЙ УНИВЕРСИТЕТ ИМЕНИ С.Д.АСФЕНДИЯРОВА»</b>	
	Department name	Application

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Annex 2

To the Dean of \_\_\_\_\_  
(school/faculty)

\_\_\_\_\_  
(Full name)

Course \_\_\_\_\_

Educational program name \_\_\_\_\_

Group number \_\_\_\_\_

Mobile No \_\_\_\_\_

From \_\_\_\_\_

(student's full name)

### Application

Please allow me participation in the contest within the academic mobility at the expense of the republican budget to \_\_\_\_\_

(University name)

With the Regulations on academic mobility of students of Asfendiyarov KazNMU familiarized

« \_\_\_\_\_ » \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
(Signature)