**Application for academic leave**

To the rector of Kazakh National Women's Pedagogical University

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

(full name)

from a student of the \_\_\_\_\_\_ course

*day / distance (full-time)*

form of study of the educational program

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

(EP, specialty code)

of the faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(name of the faculty)

studying on the basis of a *state educational grant / on a contractual basis*

(full name of the student)

Phone number:

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

Application

I ask you to grant me an academic leave from "\_\_\_\_" \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

by "\_\_\_" \_\_\_\_\_\_\_\_\_\_\_ 20\_\_ in connection with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(indicate the basis for granting academic leave)

Signature \_\_\_\_\_\_\_\_\_\_\_

« *\_\_*\_\_»\_\_\_\_ 20\_\_\_.

**Attachments:** 1. A copy of the identity card

2. Transcript

3. Birth certificate of a child or certificate of MAC (medical advisory

commission), medical certificate on other reasons