

To the rector of Sumy NAU
Igor KOVALENKO
Postgraduate student _____ course

(full-time / part-time / evening form of education)
Specialty _____

(First Name Surname)

Tel. (Viber WhatsApp)

Email _____

Statement

I am asking you to exclude me from the number of applicants of the third (educational -scientific) level of higher education of my own free will.

Date

Signature

Agreed:
Research supervisor

Signature

Name SURNAME

Notes:

Applications will not be accepted without the approval of the supervisor of the department of postgraduate and doctoral studies!

For a commercial form, the application must be approved by the planning and financial department on the absence of debt