

To,  
The Dean of General Medicine faculty (AsMI named after S.Tentishev)  
Name: \_\_\_\_\_

From,  
The student of General medicine faculty (AsMI named after S.Tentishev)  
Name: \_\_\_\_\_

Year \_\_\_\_\_ Semester \_\_\_\_\_ Group \_\_\_\_\_ Program (5<sup>th</sup> year, 6<sup>th</sup> year)

**APPLICATION**

**Subject: Absence (medical certificate, re-examination(s), credit class (es)).**

I am writing this letter to bring to your kind attention that I missed the following class (es) due to my health, re-examination(s), credit class (es):

1. \_\_\_\_\_ Dated: \_\_\_\_\_
2. \_\_\_\_\_ Dated: \_\_\_\_\_
3. \_\_\_\_\_ Dated: \_\_\_\_\_
4. \_\_\_\_\_ Dated: \_\_\_\_\_
5. \_\_\_\_\_ Dated: \_\_\_\_\_

Therefore, I request you to give a permission to clear my absence (s). I am attaching a medical certificate approved by Doctor of the Institute.

Applicant name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**To be completed by Dean:**

**APPROVED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE: 1. Students who missed per semester 40 classes without respectful reason will be sent year back or expelled from the Institute; 2. The duration of the permission slip is 14 days, after 14 days it will be expired; 3. Each absence/unsatisfactory mark must be cleared before the 10<sup>th</sup> of the next month, after the 10<sup>th</sup> permission slips will not be given; 4. PLEASE ENSURE THE CORRECT DATE OF THE MISSED CLASS/UNSATISFACTORY MARK BEFORE THE SUBMISSION OF YOUR APPLICATION, AFTER SUBMISSION IT WILL NOT BE CORRECTED. CORRECTIONS AND BLOTS IN THE APPLICATION ARE NOT ALLOWED.**