**Chairman of the Board-**

**Rector of NCJCS**

**«Astana Medical University»**

**K.T. Nadyrov**

**сitizen** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 (full name of the student)

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

 (contact number)

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

 (e-mail)

**Application**

I ask you to allow reinstatement to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ speciality of \_\_\_\_\_ course of at NCJCS «Astana Medical University», reason for deduction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA-

Form of study: budget//paid

 (underline)

Language of study: Kazakh//Russian//English

 (underline)

Date of application submission Signature of student