



**TO THE DEAN OF THE FACULTY OF
MEDICINE / DENTAL MEDICINE**

REQUEST FORM

- ✓ *Please write legibly!*
- ✓ *Circle the selected item;*
- ✓ *State your request and explain the reason for it clearly and concisely;*
- ✓ *Get an incoming number from room 102 (on the left of the main entrance) or via the platform “webstudent”*

Name, Faculty №

Specialty, group, year of study

Address for correspondence:

Phone number/mobile:, e-mail:

**DEAR DEAN,
I kindly request permission for:**

1. Interruption of my studies as of, for a period of
2. Transfer to another higher education institution
3. Withdrawal from Medical University “Prof. Dr. Paraskev Stoyanov” – Varna
4. Reinstatement of my student rights as of semester, course, of the academic year
5. Issue of a certificate for student loan. The certificate is issued to serve before bank.
6. Issue of a certificate for
7. Issue of an academic transcript. Number of copies The transcript is issued to serve before (to be noted in the transcript):
- (Note! Any paid service shall not be provided to students with outstanding payments! All transcripts MUST be paid for in advance. Transcripts are not available for immediate pick up at the Registrar’s Office – such are issued in 10 working days!)
8. Justification (excuse) for my absences for the period of,
Reasons:
9. Make up for missed seminars (..... academic hours – total) and/or a colloquium in the subject,
Name and signature of the instructor:
10. Recognition of my training and examination in the subject,
which I have studied at
11. Conduct my summer practice after year at,
(Note! I am aware that MU – Varna does not pay any insurance, guarantees and other expenses, and that it has no responsibility for the training that I will carry out in the hospital/s,
as well as my residence in..... and I agree to this term.)
12. Others:

Reasons:

.....

.....

Documents enclosed:

1.

Varna,
(date)

Respectfully yours:
(Signature)

STUDENT STATUS INFORMATION
(to be completed by the Student Affairs Officer)

1. Number of certified semesters

2. Number of due/failed exams, hereby:

..... from the I st semester; from the II nd semester;
..... from the III rd semester; from the IV th semester;
..... from the V th semester; from the VI th semester;
..... from the VII th semester; from the VIII th semester;
..... from the IX th semester; from the X th semester.

3. Current student status:

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4. Others (all exceptions and particular cases are described):

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.....
.....

Date:

Student Affairs Officer:

(Signature and stamp)

Dean's resolution: Date:20.....

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Signature:

Dean of the Faculty of Medicine/Dental Medicine