

Associate Prof. Liliia Buria, MD, PhD

From: the \_\_\_\_\_-year student of the  
(year)

\_\_\_\_\_ group Specialty \_\_\_\_\_  
(group number) (name of specialty)

citizen of \_\_\_\_\_  
(country)

\_\_\_\_\_  
(full name)

Passport: \_\_\_\_\_  
(Passport number)

Tel/ \_\_\_\_\_  
(Phone number)

### Request

Hereby I kindly ask to issue me the Certificate stating that I am a \_\_\_\_\_-year student of  
(year)

International Faculty at the Poltava State Medical University, majoring in  
“ \_\_\_\_\_ ” for submission to \_\_\_\_\_  
(name of specialty) (organization name)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature)