Ref.№…………………… 20……

**TO THE DEAN OF THE MEDICAL FACULTY**

**REQUEST**

From…………………………………………………….………………………

Faculty №………………………………year…………………………………group………………………..

**DEAR DEAN,**

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Sofia……….20….. Sincerely………………………..………

/signature/

Вх.№…………………… 20……

**ДО ДЕКАНА НА МЕДИЦИНСКИ ФАКУЛТЕТ**

**З А Я В Л Е Н И Е**

От…………………………………………………….………................…………

Фак. №……………………курс…………………………група………………..

**ГОСПОДИН ДЕКАН,**

………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………..…………………………………………………………………………

София……….20….. С уважение………………………..………

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