

To the Deputy Chairman of the Management Board for Academic Activities-the Rector of the S. Seifullin KATU A. M. Abdyrov groups _____

(Code and name of the specialty)

faculty's _____

(Full name of the student (if any))

Student's IIN _____

Cell phone number. _____

Email address _____

Statement

Asked to undergo training in _____ semester 20__-20__ academic year
_____ University as part of the internal academic mobility

(Name of the UNIVERSITY)

programs.

«_____» _____
(number) (date, year)

(signature)