|  |  |
| --- | --- |
| For processing  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (signature)  \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University Rector  Corresponding member of the RAS  Vladimir N. Vasilyev, DSc  from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (full name)  student of group № \_\_\_\_\_\_\_  of the school/institute/cluster of  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (name of structural unit)  phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

REQUEST

I am hereby requesting approval to return to my studies starting on \_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ due to the end of my maternity leave for reasons of pregnancy and childbirth.

\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (signature) (full name)

**To be filled in by the Student Services Office:**

The student is to join the study group № \_\_\_\_\_\_\_\_