|  |  |
| --- | --- |
| For processing\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(signature)\_\_\_\_\_\_\_\_\_\_ \_\_\_, 20\_\_\_ | to ITMO University RectorCorresponding member of the RASVladimir N. Vasilyev, DScfrom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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 № \_\_\_\_\_\_\_\_