**To the Rector of I.K. Akhunbaev**

**Kyrgyz State Medical Academy**

 **Prof. I.O. Kudaibergenova,**

**from the student of the year of study**

**Faculty\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**University \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**full name and phone number**

**APPLICATION**

 **I ask you to enroll me to the \_\_\_\_\_ course of the faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in KSMA as a transfer student from (university name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (faculty)\_\_\_\_\_\_\_\_\_\_\_\_ (course)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ due to *specify the reason for the transfer***

**Date,**

**Signature**