

The rector of the NMU of Bogomolets
Corresponding Member NAMS of Ukraine
Professor K.N. Amosova
student of ___ course of ___ group
_____ faculty
_____ (Name)
_____ (tel.)

Application

I, (full name) _____, a student of the ___ course of the _____ group, requesting permission to pay my tuition on monthly basis. I guarantee to pay the relevant amount by the twentieth day of each preceding month. In case of payment delay I will be expelled from the program for breach of the contract terms.

Date

Signature