

Dean faculty
NMU named after O.O.Bogomolets
Assistant of Professor Sulik V.V.
Student Full Name,
student _____group _____course
_____faculty

Statement

Please allow me to paid working off of missed classes without a valid reason for the discipline
_____ in the quantity of _____ academic hours at the department
_____.

Date

Student Signature

Date of missed classes: _____

Recommended Lecturer: _____ (Name,
position, academic title)

Head of the department _____

Professor _____ (Full Name) _____ (Signature)