

Dean of the Faculty on training foreign citizens
NMU of O.O. Bogomolets
Associate Professor Sulik V.V.

Student of ___ course of _____ group
_____ faculty

Full name

Mob Tel.

Statement

I (full name) _____, student of _____ year _____ group, agree that I must pass all skipped classes till _____.

I am informed that in case I fail to do it I will be expelled.

Date

Signature