Начальнику Отдела международных связей

 А.А. Шиловской

 *TO:*

 *Head of International Relations Office*

 *A.A. Shilovskaia*

 от студента

 *from student:*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (ФИО) / *(student’s full name)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (фак-т) */ (faculty)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (образовательная программа) / (*study program*)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (курс и уровень обучения) */ (year and level)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (контактный телефон и email) */ (contact number and email)*

**Заявление**

***Request***

Прошу рассмотреть мою конкурсную заявку на участие в программах долгосрочной международной академической мобильности студентов согласно следующему порядку приоритетов:

*I hereby request to take part in the call for the long-term international student academic mobility as in the following order of priority:*

1/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (название университета, учебного заведения) / *( name of the educational institution)* (страна, город) / *(city, country)*

 в период с \_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_.

 *From to*

2/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (название университета, учебного заведения) / *( name of the educational institution)* (страна, город) / *(city, country)*

 в период с \_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_.

 *From to*

3/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (название университета, учебного заведения) / *( name of the educational institution)* (страна, город) / *(city, country)*

 в период с \_\_\_\_\_\_\_ по \_\_\_\_\_\_\_\_\_\_\_.



 *From to*

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Дата *(Date)* Подпись *(Signature)* Расшифровка подписи / *(Printed name)*

Согласование академическим руководителем образовательной программы получено:

*Approved by the Academic Supervisor*

*of the Study Program:*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (подпись) / *(signature)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ФИО) / *(full name)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(должность) */ (position)*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (дата) */ (date)*