

Attention of Belgorod State National Research University Rector

85 Pobedy St., 308015 Belgorod, Belgorod region, Russia

Surname _____	Passport: _____
Name _____	Series _____ No. _____ Subdivision code _____
Patronymic _____	Issuing body: _____
Date of birth _____	_____
Citizenship _____	Registered address: _____

Contacts: telephone (main number) _____ telephone (additional number) _____
e-mail _____ actual residence address _____

APPLICATION FOR WITHDRAWAL OF ENROLMENT CONSENT

I hereby ask you to withdraw my consent to be enrolled in the first year of _____ field of training at Federal State Autonomous Educational Establishment of Higher Education “Belgorod State National Research University”, _____ form of study, within quotas for education on a fee-paying basis.

« _____ » _____ 2020

(applicants' signature)