**Approved by,**

 **The Dean**

**Faculty of Medicine**

**Approved by,**

International Students Office

**Dear Mr. Dean**,

 I, the undersigned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student in year \_\_\_\_, seria , group , student enrollment number , **Faculty of Medicine** bachelor and master degree, form of studies – with fee (CPV)**,** please approve me to regain my student status, which was suspended due to not paying the tuition fee for the **academic year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ .

I hereby attach the proofs of payment.

Date, Signature,

Contact information:

Phone..............................

Email:...................................

*To the Dean of the Faculty of Medicine*