**ДО ДЕКАНА**

**НА ФАКУЛТЕТ....................................**

**..................................................................**

**З А Я В Л Е Н И Е**

Вх. № ........................../.............................20.…..г.

От...................................................................................................................................................................студент специалност......................................................., курс . ........, фак.№ . ..........................., група......................

Адрес:............................................................................email................................................тел..............................

**УВАЖАЕМИ ГОСПОДИН ДЕКАН,**

Желая..............................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................………………….....................................................................................................

поради следните причини: .....................................................................................................................................................................................................................................................................................................................................

Прилагам следните документи: 1. ..................................................................................................................

2. ..................................................................................................................

Плевен, ........................... 20….. г. Подпис: ............................

Справка за студентското положение: …................................................................………….............................................................................................…………………................................................................................................................................................................…………………................................................................................................................................................................…………………................................................................................................................................................................………………….....................................................................................................

Експерт ОК : .............................. Подпис:...........................

Съгласно чл. ......................., ал. ........................... от Правилника за организацията на учебния процес - **има** / **няма** основание

Началник СК: ........................... Подпис:...........................