(personal signature)

prof. K.H. Khushvakhtzoda 1st year student ____faculty (budget, contract) Full name contact number Statement Please grant me an academic leave Specify the reason exactly in accordance with the wording: for medical reasons; for pregnancy and childbirth; for child care; in connection with conscription for military service; for studying in educational institutions of foreign countries; for family reasons related to the serious illness of a family member and the need for constant care in the absence of other family members; due to a significant deterioration in financial situation; in connection with a long business trip (for part-time students); in case of natural disasters. _____ By ______ .

__" _____ 20____