

To the acting rector of the Federal State Budgetary
Educational Institution of Higher Education "Perm State
Medical University named after academician E.A. Wagner"
Ministry of Healthcare of the Russian Federation
Professor A.S. Blagonravova

To personal file No. _____

application for revocation of documents

I, _____
(Full name)

date birth « ____ » _____, I withdraw the previously submitted
application for admission and the documents to the Federal State Budgetary Educational
Institution of Higher Education "Perm State Medical University named after academician E.A.
Wagner" Ministry of Healthcare of the Russian Federation. I am warned that when revoking
documents, I will be excluded from the lists of persons who submitted documents, the lists of
applicants and will not be eligible for enrollment.

" ____ » _____ 2023 / _____
(signature) (full name)