

To Chancellor of Federal State Government-Funded  
Educational Institution of Higher Education  
Volgograd State Medical University

Vladimir Shkarin

from \_\_\_\_\_  
(FULL NAME)

\_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Passport No \_\_\_\_\_

Year of study \_\_\_\_\_ Group number \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Intermediary Agency: \_\_\_\_\_

### Application

Please permit to issue me an invitation letter due to the expiry of my visa (my visa is valid from \_\_\_\_\_ to \_\_\_\_\_).

Attachment:

1. Application form for the invitation.
2. Passport copy.
3. Copy of the last Russian visa.

I am informed that the university will not guarantee me a full-time course if, due to the epidemiological situation, the course will be in a distance learning format.

I am informed that upon my arrival in Volgograd I will have to undergo quarantine for 14 days, living isolated in a flat (hotel, hostel). After the quarantine I will have to take a COVID-19 test. I will pay the costs of accommodation and laboratory tests myself. If the test result is negative, I will be able to apply for a place in a university dormitory and attend classes.

I declare my date of entry into the Russian Federation to the e-mail address [cved@volgmed.ru](mailto:cved@volgmed.ru) at least 7 days before my flight.

Signature:

Date: