**SAMPLE application for changing the full name**

 TO THE RECTOR OF THE I. K. AKHUNBAEV KSMA

TO PROFESSOR KUDAIBERGENOVA I. O.

GRADUATE \_\_\_\_\_\_\_\_\_\_\_YEARS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FACULTY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ full

name and phone number

**Application**

Please allow me to issue a duplicate diploma, in connection with the change of last name (first name,middle name) with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

previous data

on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

new data

 **date, signature**