



Trakia University Faculty of Veterinary Medicine

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To the attention of
/Name of course coordinator/

Request for Excused Absences

Student's name:

Student's faculty number:

Date(s) of absence:

Reason for absence (check one):

- | | | |
|--------------------------|----------------|--|
| <input type="checkbox"/> | Medical | The document(s) should be issued in Bulgarian language or translated by an authorized translator. Documents without wet stamp will not be accepted. |
| <input type="checkbox"/> | Personal | Up to 3 days per academic year, no documents needed |
| <input type="checkbox"/> | Blood donation | Up to 5 days per academic year. The document must be issued by blood transfusion center located in Bulgaria. Documents without wet stamp will not be accepted. |
| <input type="checkbox"/> | Other | The document(s) should be issued in Bulgarian language or translated by an authorized translator. Documents without wet stamp will not be accepted. |

List of supporting documents:

1.
2.
3.

By signing this form, I declare my awareness that providing false documents or information to excuse my absences may result in my suspension from the university for one academic year. I understand the seriousness of this matter and affirm that all documentation provided is genuine and accurate.

Student signature:

Date:/...../.....
Day / Month / Year