## (Application form for obtaining a Reference)

To:	
President of JSC "Center for 1	International Programs"
From:	
(full name)	
Bolashak Program Graduate	
Date of birth (dd/mm/yy)  Postel address in Vezelsheten	
Postal address in Kazakhstan	
Mobile phone:	
Home phone:	
Email:	
IIN:	
	Application
ī	studied
(name of the university,	country of study)
(bachelor's, master's, PhD)	program majoring in
	during the period from
to	I am kindly requesting you to issue the Reference
confirming the status of the B	olashak Program Graduate for submitting it to
(name of organizat	tion)
(name of organization	
Signature	
Date	

<sup>\*</sup>The Reference is issued after the supervisors provide all necessary data about the alumnus