**VILNIUS UNIVERSITY**

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## Application Form (Doctoral Studies)

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| Surname | | Name |
| Gender (1 – male, 2 – female) | | Country of Residence |
| Date of Birth | | Country of Birth |
| Language: | | |
| Passport No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Passport expiry date: | | Identification number: |
| Workplace:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Occupation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Home address:  Correspondence address: | | |
| Home phone number: | | Work phone number: |
| Mobile phone number: | | |
| Email address: | | |
| Marital status: | | |
| Education: | | Educational institution: |
| Date of graduation: | | Diploma No: |
| Academic Qualifications (Bachelor, Master’s, PhD): | | |
| Faculty the application is made to:  Declaration:  I confirm that the information given on this form is true, complete and accurate, no information requested or other material  information has been omitted, and that I have completed the application myself. | Research subject/ area of study: | |
| Date: | | Signature: |