(NAME and SURNAME, Date of Birth, Citizenship, Gender)

(Correspondence Address)

(Home Address, if different)

(E-mail Address, Phone No.)

To the Rector of Vilnius University

Order No.:

(Date)

APPLICATION

FOR ADMISSION (FROM ANOTHER UNIVERSITY)

(Date)

Please accept my request to transfer to the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ study programme that

is taught in English at the Faculty of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of Vilnius University for the 20\_\_\_–20\_\_\_ academic year.

|  |  |  |  |
| --- | --- | --- | --- |
| Studies: Bachelor’s□ | Form of studies: Full-time□ | Year of studies:   * I |  |
| Integrated□ Master’s□ | Part-time□  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * II * III |  |
| Non-degree□ |  | * IV * V * VI |  |

Current (previous) studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (country, name of the institution of higher education, study programme, date of admission)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  |  |  |
| --- | --- | --- | --- |
| Studies: Bachelor’s□ | Form of studies: Full-time□ | Year of studies:   * I | Field of studies:   * Biomedical sciences |
| Integrated□ Master’s□ | Part-time□  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * II * III | * Humanities * Arts |
| Non-degree□ |  | * IV * V * VI | * Physical sciences * Social sciences * Technological science |

Missing credits: no□ yes□ Number of semesters completed:

ENCLOSED:

Academic□ transcript from current university

Certificate□ from the Centre for Quality Assessment in Higher Education

Other□ documents (please specify):

(Given Name and Surname, Signature)

Difference in subjects/modules: none□ not more than 15 credits□