

VILNIUS UNIVERSITY

DOCTORAL PROGRAM EXAMINATIONS REPORT

Name, surname of the doctoral student:

EXAMS:

1.	
(title of subject, number of credits)	
Committee: Chairman	
Members:	
No. of the Dean/Director's order on the formation of the commission:	
Date of passing the exam:	Grade:
Surnames and Signatures: Chairman	
Members:	

2.	
(title of subject, number of credits)	
Committee: Chairman	
Members:	
No. of the Dean/Director's order on the formation of the commission:	
Date of passing the exam:	Grade:
Surnames and Signatures: Chairman	
Members:	

3.	
(title of subject, number of credits)	
Committee: Chairman	
Members:	
No. of the Dean/Director's order on the formation of the commission:	
Date of passing the exam:	Grade:
Surnames and Signatures: Chairman	
Members:	