

Faculty of Law of Vilnius University
Master's Degree Study Programme "International and European Union Law"
____ Year, Full-time studies

Name, surname _____
Student Certificate No. _____
Tel. No. _____
Email _____

Dean of the Faculty of Law of Vilnius University

APPLICATION

Regarding a permission to study selected study units as an unclassified student

(date)

Vilnius

I request to be allowed to study the following selected course units:
in the ____ semester of 20__/20__ academic year:

No.	Name of the course unit	Number of credits	Accounting form	Study programme	Tuition fee

- am studying / studied at VU
- am studying / studied at another University
- did not study anywhere

(name, surname, signature)