

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 the academic leave

(date)

Vilnius

I hereby request to be granted academic leave from __ _____ 20__ to __ _____ 20__

because _____

(indicate the reason)

(name, surname, signature)