

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 recognition of course units

\_\_\_\_\_  
(date)

Vilnius

I hereby request recognition of the following course units as completed in the \_\_\_\_\_ semesters of  
the 20\_\_ / 20\_\_ academic year in \_\_\_\_\_  
(University)

Attached: Transcript of Records.

\_\_\_\_\_  
(name, surname, signature)