

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 return after academic leave

(date)
Vilnius

I hereby request to return from academic leave as of _____ 20__ to _____ year of the full-time studies of the Master's degree study programme "International and European Union Law" at the Faculty of Law, English/Russian group.

(name, surname, signature)