

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 suspension of studies

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

Vilnius

I hereby request to be allowed to suspend my studies from \_\_\_\_ 20\_\_ to \_\_\_\_ 20\_\_

because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(indicate the reason)

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