

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 termination of the Study Agreement

(date)

Vilnius

I hereby request to terminate my Study Agreement with the Faculty of Law at Vilnius University

(indicate the reason)

as of _____
(indicate the date)

(name, surname, signature)