

(NAME AND SURNAME)
**DOCTORAL STUDENT OF (NAME OF FACULTY / CENTER) OF VILNIUS
UNIVERSITY**

To the Rector of Vilnius University

APPLICATION FOR ACADEMIC LEAVE

day-month-year
Vilnius

I request you to consider my academic leave application due to / for the purpose of (*pregnancy and childbirth, child care, disease etc.*). I would like to avail the academic leave from (day-month-year) to (day-month-year).

I verify that I receive / do not receive (*please mark the appropriate*) a bursary for doctoral students from the Research Council of Lithuania.

ATTACHED: (please specify the attached document (medical certificate, pregnancy and childbirth certificate, birth certificate, etc.) and the number of pages attached).

(Signature)

(Name and Surname)

(Name, surname and signature of the Doctoral Committee Chairman or Dean)

(Supervisor's name, surname and signature)