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

To the Rector of Vilnius University

## REQUEST TO CHANGE THE ORDER

day-month-year Vilnius

I would like to request a partial cha	nge / an addition to the O	rder of the Rector of Vilnius
University No. D "Name of Order" (day-	month-year). I would like.	(please specify the changes
you want to make).		
	(Signature)	(Name and Surname)
(If additional expenses are claimed, the app of the department or the Dean):	lication must be endorsed	by PhD supervisor and head
(Supervisor's name, surname and signature)		
(Name, surname and signature of the Doctoral Comm	nittee Chairman or Dean)	