

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

To the Rector of Vilnius University

REQUEST FOR RETURN FROM ACADEMIC LEAVE

day-month-year
Vilnius

I would like to return from academic leave and continue doctoral studies from (day-month-year).

(Signature)

(Name and Surname)

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

(Supervisor's name, surname and signature)