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

To the Rector of Vilnius University

REQUEST FOR THE TERMINATION OF DOCTORAL STUDIES

day-month-year
Vilnius

Please terminate my doctoral studies from (day-month-year).

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

(Signature)   (Name and Surname)

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

_____
(Supervisor's name, surname and signature)