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*Student's Given Name and Surname (in CAPITAL LETTERS)*

**Matriculation number** (*Student ID number*) \_\_\_\_\_

**Faculty:** Medicine

**Type of studies:** full-time

**Type of study programme:** Integrated/Masters'

**Title of study programme:** \_\_\_\_\_ **Year of studies:** \_\_\_\_\_ **Group:** \_\_\_\_\_

To Prof. Dalius Jatužis, Dean of the Faculty of Medicine

Order No: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Given Name and Surname)

\_\_\_\_\_  
(Date)

**APPLICATION  
FOR THE RESUMPTION OF STUDIES AFTER THE TERMINATION OF STUDIES**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(Day) (Month) (Year)  
Vilnius

Beginning (day) \_\_\_\_ (month) \_\_\_\_\_ (year) 20\_\_\_\_, please grant me permission to resume my studies after the termination of studies in the \_\_\_\_\_ year of studies of the full-time Integrated /Masters' studies \_\_\_\_\_ programme at the Faculty of Medicine.  
(underline the required)

\_\_\_\_\_  
Student's Given Name and Surname

\_\_\_\_\_  
Signature