(Name, surname, date of birth)

(Residence)

(E-mail)

To Vilnius Gediminas Technical University Admission and Information Centre

## APPLICATION FOR PERMISSION TO STUDY

(Date)

Please fill in the following information:

No.	Master study programme	Specialization	(Notice of Admission and Information Centre)		
	(to get the permission)		Permission	Permission conditions	Signature
			(positive/negative)	(exist/none)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
•••					

Studies completed in (higher education institution)	
Main field(a) of study for the qualification	
Main field(s) of study for the qualification	
Study programme	

ATTACHED HERETO: copies of diploma and its supplement.