

ACADEMIC GROUP STUDENT

(enter group)

(first name, surname, in capital letters)

(address, telephone number, email address)

Rector of Vilniaus kolegija / Higher Education Institution
dr. Zymante Jankauskiene, PhD

**APPLICATION
FOR CHANGING THE STUDY PROGRAMME**

(date)

Vilnius

I request permission to change my study programme from
.....to.....
.....

(Signature, name, surname)