

ACADEMIC GROUP STUDENT

(enter group)

(first name, surname, in capital letters)

(address, telephone number, email address)

Vilniaus kolegija / Higher Education Institution  
Dean of the Faculty of Economics  
Ausra Liucvaitiene

**APPLICATION  
ON REPETITION OF SUBJECTS COURSE**

(date)

Vilnius

I request to be allowed to repeat the course of following subjects:

.....  
.....

(Signature, name, surname)