|  |
| --- |
| Annex 1 to the Description of Procedure of the Studies according to an Individual Study Plan |

*(student’s name and surname)*

*(group)*

To the Dean of the

Faculty of

............................... of

Vilniaus Kolegija / University of Applied Sciences

**APPLICATION**

**TO ALLOW STUDYING ACCORDING TO AN INDIVIDUAL PLAN**

................... 20….

Vilnius

I would like to ask to allow me to study according to an individual study plan

from .......................... until ..................................................................................

*(date)* *(date)*

because.....................................................................

 .......................................................................................................................................................

 *(enter the reasons and supporting document)*

.....................................................................................................................................................

*(signature)* Name, Surname