Annex 2 to the Description of Procedure of the Studies according to an Individual Study Plan

APPROVED

Dean

(signature)

(name, surname)

00/00/20..

(date)

**FACULTY OF ..................................................**

**OF VILNIUS UNIVERSITY OF APPLIED SCIENCES**

**INDIVIDUAL STUDY PLAN**

Student’s name, surname...........................................................................

Title of the study programme ........................................................................

Group..................semester................................................................................

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| --- | --- | --- | --- | --- | --- | --- |
| No. | Title of module (subject)/ subject | Accounting form | Date of accounting | Professor’s name and surname | Signature | Remarks  |
| 1. |  |  |  |  |  |  |
| 1.1 |  |  |  |  |  |  |
| 1.2. |  |  |  |  |  |  |
| 1.3. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 2.1. |  |  |  |  |  |  |
| 2.2. |  |  |  |  |  |  |
| 2.3. |  |  |  |  |  |  |
| 2.4. |  |  |  |  |  |  |

Head of the Department ----------------------------- -----------------------------------

 (signature) (name, surname)

Student ----------------------------- -----------------------------------

 (signature) (name, surname)