

Annex 1 to the Description of the Procedure for  
the Assessment and Recognition of  
Competences Acquired through Non-Formal  
and Self-Education  
at Vilniaus Kolegija/ Higher Education  
Institution

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(name, surname)

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(address, telephone number, e-mail address)

To Vilniaus Kolegija/Higher Education Institution

Dean of the Faculty.....

**REQUEST  
TO PARTICIPATE IN THE PROCEDURE**

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(date)

I request permission to participate in the procedure for the assessment and recognition of competences acquired through non-formal and self-directed learning in accordance with the \_\_\_\_\_ study programme (field).

I agree to the processing of my personal data as provided for in the Description of the Procedure for the Assessment and Recognition of Competences Acquired Through Non-formal and Self-education at Vilniaus Kolegija/ Higher Education Institution.

(Person, not studying at Kolegija)

(Signature)

(name, surname)