
(Name, Surname)

(Date of birth)

(Address, if you request to receive the documents by registered post; phone No., E-mail)

To
the Vice-Dean for Studies
of the Faculty / School of _____
Kaunas University of Technology

**APPLICATION
FOR THE ISSUE OF THE CERTIFICATE**
_____/_____/20_____

Period of study (in years): from _____ until _____

Faculty: _____

Please issue the following certificate (*mark with X*):

Language of Certificate:

☐ Lithuanian ☐ English

Type of Certificate:

☐ **Academic certificate***

☐ Standard

☐ Including additional information:

☐ Including cumulative grade point average

☐ Including language of instruction

* Stating the period of studies in Kaunas University of Technology. Provided information: faculty, study cycle, form of study. Possible additional information.

☐ **Transcript of Records***

☐ Standard

☐ Including additional information (modules provided by semesters):

* Provided information: list of completed study modules, workload in credits, grades. Possible additional information.

☐ **Descriptions of Study Modules**

If you request not all completed study modules please specify the concrete names of the modules:

Form of Certificate submission *(please select one option):*

- ☐ I will pick up the Certificate myself
- ☐ Please send the Certificate by registered mail *(Address, if you request to receive the documents by registered mail)*
- ☐ Please send the Certificate by E-mail *(provide your E-mail)*

(Name, Surname)

(Signature)

Comments:
