







REGISTRATION FORM LITHUANIAN LANGUAGE AUTUMN COURSE AT VILNIUS UNIVERSITY

Note: The form	m is to be completed by the head of the centre.	
Information a	about the student applying for the winter course:	
Surname:		
Name:		
Date of birth (year, month, day):	
Citizenship:		
Sex:		
Phone:		
Email:		
The Baltic Stu	idies Centre that the student represents:	
Study cycle:		
Lithuanian lan	nguage proficiency level:	
A1	A2	
B1	B2	
C1	C2	
What is the stu	udent accommodation preference?	
A Dormitory		
B Will find ac	commodation off campus on his/her own	
Specific prefer	rences:	
Rating number	r where a student would like to study (provided when	several students intend to arrive from the
centre irrespec	ctive of the desired study destination)	
The form was	completed by:	
	Name, Surname	Signature

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"Lithuanian Academic Scheme for International Cooperation in Baltic Studies"

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