







REGISTRATION FORM

LITHUANIAN LANGUAGE AUTUMN COURSE AT VYTAUTAS MAGNUS UNIVERSITY

Note: The form is to be c	ompleted by the head of the centre.	
	student applying for the winter course:	
Surname:		
Name:		
Date of birth (year, mont	h, day):	
Citizenship:		
Sex:		
Phone:		
Email:		
The Baltic Studies Centre that the student represents:		
Study cycle:		
Lithuanian language prof	iciency level:	
A1	A2	
B1	B2	
C1	C2	
What is the student accommodation preference?		
A Dormitory		
B Will find accommodation off campus on his/her own		
Specific preferences:		
Rating number where a s	tudent would like to study (provided when	several students intend to arrive from the
centre irrespective of the	desired study destination)	
The form was completed by:		
	Name, Surname	Signature

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