







REGISTRATION FORM LITHUANIAN LANGUAGE AUTUMN COURSE AT VILNIUS UNIVERSITY

Note: The form	n is to be completed by the head of the centre.	
Information a	about the student:	
Surname:		
Name:		
Date of birth (y	year, month, day):	
Citizenship:		
Sex:		
Phone:		
Email:		
The Baltic Stud	dies Centre that the student represents:	
Study cycle:		
Lithuanian lang	guage proficiency level:	
A1	A2	
B1	B2	
C1	C2	
What is the stu	ident accommodation preference?	
A Dormitory		
B Will find acc	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	etive of the desired study destination)	
The form was	completed by:	
	Name, Surname	Signature

The Lithuanian Language Autumn Course is supported by the EU Structural Funds project "Lithuanian Academic Scheme for International Cooperation in Baltic Studies"



