





REGISTRATION FORM LITHUANIAN LANGUAGE AUTUMN COURSE AT VMU

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Note: The form	is to be completed by the	head of the centre.
Information ab	oout the student:	
Surname:		
Name:		
Date of birth (ye	ear, month, day):	
Citizenship:		
Sex:		
Phone:		
Email:		
The Baltic Studi	ies Centre that the student	represents:
Study cycle:		
Lithuanian langu	uage proficiency level:	
A1	A2	
B1	B2	
C1	C2	
What is the stud	lent accommodation prefe	rence?
A Dormitory		
B Will find acco	ommodation off campus o	n his/her own
Specific preferen	nces:	
Rating number v	where a student would like	e to study (provided when several students intend to arrive from the
centre irrespecti	ve of the desired study de	stination)

The form was completed by:

Name, Surname

Signature

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