......................................................................................................................................

(full name)

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(phone, e-mail address)

Att. Rector of the Lithuanian Academy of Music and Theatre

**APPLICATION**

**RE: ADMITTANCE AS AN UNCLASSIFIED STUDENT**

.........-............-20......

Vilnius

I hereby request to admit me to the Lithuanian Academy of Music and Theatre as an unclassified student during the ................................................ semester of the study year 20..-20..

(please specify: autumn or spring semester)

to study the study subject - ..............................................................................................................:

(please indicate the name of a study subject)

* the volume of the study subject - ............................................................................;

(please indicate the preferred number of learning hours)

* the lecturer of the study subject -.............................................................................;

(please indicate the full name of the preferred lecturer)

* with the piano-accompanist - .....................................................................................;

 (please indicate the preferred number of learning hours with the piano-accompanist)

* without the piano-accompanist - .................................................................................

 (please indicate the preferred number of learning hours without the piano-accompanist)

ENCLOSURES:

1. Filled in form of Annex 2 of the Methodology for setting the tuition fees at the Lithuanian Academy of Music and Theatre.
2. Receipt of payment.

................................... ..........................................................................

(signature) (full name)

APPROVED:

Lecturer of the speciality subject or

the course leader .............................. ............................................................... .....................

 (signature) (full name) (date)

Head of the Department .............................. .......................................................... ...................

 (signature) (full name) (date)

Dean of the Faculty .............................. ............................................................... .....................

 (signature) (full name) (date)

Application registration No ........................................

The application registered on (date) ........................................