**(NAME AND SURNAME)**

**DOCTORAL STUDENT OF (NAME OF FACULTY / CENTER) OF VILNIUS UNIVERSITY**

To the Rector of Vilnius University

**REQUEST FOR RETURN FROM ACADEMIC LEAVE**

day-month-year

Vilnius

I would like to return from academic leave and continue doctoral studies from (day-month-year).

(Signature) (Name and Surname)

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(Name, surname and signature of Doctoral Committee Chairman or Dean)

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(Supervisor’s name, surname and signature)