**(NAME AND SURNAME)**

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

To the Rector of Vilnius University

**APPLICATION FOR ACADEMIC LEAVE**

day-month-year

Vilnius

I request you to consider my academic leave application due to / for the purpose of (*pregnancy and childbirth, child care, disease etc.*). I would like to avail the academic leave from (day-month-year) to (day-month-year).

I verify that I receive / do not receive (*please* *mark the appropriate*) a bursary for doctoral students from the Research Council of Lithuania.

ATTACHED: (please specify the attached document (medical certificate, pregnancy and childbirth certificate, birth certificate, etc.) and the number of pages attached).

(Signature) (Name and Surname)

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

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(Supervisor’s name, surname and signature)