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 (name, surname)

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 (faculty, position)

Committee of Doctoral Studies in

**REQUEST TO POSTPONE THE EXAM**

day-month-year

Vilnius

The discipline ( ECTS) exam was scheduled to be taken

 according to my Work plan.

Because (give the reason), please allow the examination for this discipline to be taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Signature) (Name and Surname)

Agreed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, surname, signature of the academic supervisor)