**VILNIUS UNIVERSITY**

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## Application Form (Doctoral Studies)

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| Surname | Name |
| Gender (1 – male, 2 – female) | Country of Residence: |
| Date of Birth: | Country of Birth: |
| Nationality: | |
| Personal document (passport, ID card or other document) number: | |
| Personal document (passport, ID card or other document) expiration date: | |
| Home address: | Correspondence address: |
| Contact phone number: | |
| Email address: | |
| Education (Bachelor, Master’s, PhD): | Educational institutions: |
| Date of graduation (MA): | Diploma No. (MA): |
| Faculty the application is made to: | Research subject / area of study: |
| Declaration:  I confirm that the information given on this form is true, complete and accurate, no information requested or other material information has been omitted, and that I have completed the application myself.  I confirm that the information provided in this form may be used for study purposes. |  |
| Date: | Signature: |