**DISSERTANT OF (NAME OF FACULTY / CENTER) OF VILNIUS UNIVERSITY**

**(NAME AND SURNAME)**

Tel. ......., Email ........

To the Rector of Vilnius University

**REQUEST FOR PERMISSION TO DEFEND THE DOCTORAL DISSERTATION**

day-month-year

Vilnius

Please allow me to defend the doctoral dissertation "*(dissertation title)*" in the field of ....... sciences, ....... scientific direction in 20... ....... ... d.

(Signature) (Name and Surname)