**(NAME AND SURNAME)**

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

To the Rector of Vilnius University

**REQUEST FOR THE TERMINATION OF DOCTORAL STUDIES**

day-month-year

Vilnius

Please terminate my doctoral studies from (day-month-year).

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

(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)