**LITHUANIAN UNIVERSITY OF HEALTH SCIENCES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(Name of Faculty / Institute/ department)*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*(PhD student‘s name, surname)*

To the Rector of the Lithuanian University of Health Sciences

# REQUEST

**FOR ACADEMIC TRIP**

202\_\_-\_\_\_-\_\_\_

I would like to request approval for an academic trip to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(please indicate country, city and institution)*

Purpose of the academic trip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(partial doctoral studies, seminars, conferences, courses, work in archives, libraries etc.).*

Actual event dates: .

 *(enter the dates* from (day-month-year) to (day-month-year)*)*

Actual dates of departure to and return from the event: .

 *......... (enter the dates* from (day-month-year) to (day-month-year)*))*

ATTACHED:

1.

*(confirmation of acceptance of the oral/poster presentation; a copy of the invitation; information about the event, event program, etc. (insert the correct one))*

*(signature) (PhD student‘s name, surname)*

SUDERINTA:

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

*(Supervisor’s name, surname and signature)*

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

*(name, surname and signature of the head of the department)*