	(Stud	uent s name, surname, reg. nui	moer)		
	(facul	lty, study programme, course,	group)		
		(phone number, e-mail)			
To the Rector of the Lith	uanian Universi	ity of Health Sciences			
		REQUEST			
		(date) Kaunas			
Regarding the Change	of Study Progr	ramme			
Please allo	ow me to change	e my study programme and	. from(n	rovide the date)	, let
programme for the	year in a	a state-funded/unfunded pla	ace, with the aim	of resolving diffe	erences
between programmes wit	thin one calenda	ar year.			
ATTACHED:					
					
		(student's signature)	(studen	t's name, surname)	
MEDIATE:					
Faculty Dean					
(name, surr	name, signature)				