
(student's name, surname, reg. number)

(faculty, study programme, course, group)

(phone number, e-mail)

To the Rector of the Lithuanian University of Health Sciences

R E Q U E S T

(date)

Kaunas

Regarding the Retake of the Final Exam

Please allow me to retake the final exam, for the _____ study programme, with the necessary payment for the retake. I graduated from the Lithuanian University of Health Sciences in the year _____ .

ATTACHED: _____

(student's signature)

(student's name, surname)

MEDIATE:

With the payment of _____ Eur for the retake of the final exam.

Faculty Dean

(name, surname, signature)