STUDENT NO.

 (Name, Surname) (from „My Studies“)

       PROGRAMME       CYCLE

(Title of the Study Programme) (Bachelor/Master)

FACULTY/ SCHOOL/INSTITUTE OF

(Title of the Faculty)

 YEAR OF STUDIES IN THE PROGRAMME

 Year of studies (1,2,3, etc)

To Rector of Mykolas Romeris University

REQUEST

 *(Date)*

Vilnius

I am hereby requesting to send me for Erasmus+ traineeship to ...............................organization ( country:...............................) from Date: ................................ until Date: .............................. and allocate Erasmus+ grant for the mobility period.

By signing this request I understand that Erasmus+ mobility grant will be paid only for a period of my physical presence for the traineeship at the host organization in the host country, which will be proved by the Duration certificate issued by the host organization at the end of mobility period.

Student:

 *(Signature of student) (Name of student)*

Confirmed by:

Vice-dean \_\_\_\_\_\_\_\_

 *(Signature of Vice-Dean of the Faculty) (Name of the Vice-Dean)*

Hereby I confirm that I do not have any financial debts to Mykolas Romeris University.

Student:

 *(Signature of student) (Name of student)*