**REGISTRATION FORM**

**FOR THE PROCEDURE OF ASSESSMENT OF LEARNING ACHIEVEMENTS ACQUIRED IN THE FRAMEWORK OF NON-FORMAL ADULT EDUCATION AND RECOGNITION OF COMPETENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  | | | |
| **Surname** |  | | | |
| **Address** |  | | | |
| **City** |  | | | |
| **State** |  | | **Postal code** | **LT-** |
| **Email** |  | | **Phone number** |  |
| **At the moment you are:** *(mark x )* | * Employed ☐ * Not employed ☐ | | | |
| **Education acquired**  *(mark x )* | * Secondary ☐ * Higher non-university ☐ * Higher University ☐ * Other ☐ | | | |
| **Year and state of graduation** | * .............. | | | |
| **Work experience** | **Date:**  **from** ....... **to** ........  **Current position:**  .................................. | **Name of institution/company:**  ....................................  **Nature of activity:**  ....................................  **Positions held:**  .................................... | | |
| **Study programme/subject (s) for which you seek academic recognition of study credits** |  | | | |

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