**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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