APPLICATION FOR AMENDMENT

Date PERSONAL INFORMATION (Fill in with capital letters): Full Name Faculty and study year _____ **CONTACT INFORMATION** (Fill in with capital letters): Home address Personal phone number ___ Personal e-mail address____ Emergency contact _____ Family members phone number_____ Car registration number _____ **MARK AMENDMENT TYPE:** o Relocation Please let me relocate from dormitory No room No. to dormitory No room No. from (Date) **Change of accommodation coefficient** Please, let me reserve _____ additional place in dormitory No_____ room No. ____ to dormitory No_____ room No. from (Date) **Contract extension** O removed from students list when unfinished studies O graduated student O temporarily suspended studies Please, let me extend accommodation contract in dormitory No____room No.____ _till _____ from_ (Date) (Date) I tend to continue studies from (Resident's signature) PILDO STUDENTU APGYVENDINIMO CENTRO KOORDINATORIUS Pažymėti: Turi pateikti apmokėjimo kvitą sumai / Mokesčiai sumokėti Užsakytos papildomos paslaugos / NĖRA Turi galiojančių nuobaudų _____/ Galiojančių nuobaudų neturi PASTABOS: __ **TVIRTINU:**

Pareigos, vardas, pavardė, data, parašas