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| (Faculty / Subdivision, Group) |

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|  |
| (name, surname) |

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|  |
| (telephone number, e-mail address) |

To Director of Kauno kolegija Higher Education Institution

Andrius Brusokas

**REQUEST**

# TO PAY FOR THE STUDIES IN INSTALLMENTS

|  |
| --- |
| / /  |
| (day, month, year) |

 Kaunas

###  Please allow me to pay the following amount of \_\_\_\_\_\_\_\_\_\_\_ euros for \_\_\_\_\_\_-\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ semester studies in installments:

 The first installment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ euros will be paid by \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

 The second installment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ euros will be paid by \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_

### due to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(reason)

|  |  |  |
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|  |  |  |
| (signature) |  | (name, surname) |