|  |
| --- |
|  |
| (Faculty / Subdivision, Group) |

|  |
| --- |
|  |
| (name, surname) |

|  |
| --- |
|  |
| (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)

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