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| (Faculty / Subdivision, Group) |

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| (name, surname) |

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| (telephone number, e-mail address) |

To the Dean /Head of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(the Faculty / Subdivision)

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(name, surname)

# REQUEST

**TO REPEAT A STUDY MODULE**

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

Kaunas

Please allow me to repeat the study module (\_\_\_\_\_credits)

\_\_

(the name of the module)

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