

**VYTAUTAS MAGNUS UNIVERSITY**

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(name of academic faculty)

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(study stage, course)

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(name, surname)

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(date of birth)

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(e-mail, mobile phone)

**VMU Student Representatives**

**Board**

**REQUEST**

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(date)

Kaunas

Please register me as a candidate in the elections to the VMU Student Parliament.

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(signature)

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(name, surname)