*(Name, surname)*

*(study programme)*

Tel.No.:

E-mail:      @stud.ism.lt

ISM University of Management and Economics

Programme Director

REQUEST

FOR RECOGNITION OF STUDY RESULTS

20

Please recognize as a part of study programme at ISM University of Management and Economics this (-ese) study course (-s) completed at       .

*(Please give the name of the higher education institution)*

|  |  |  |
| --- | --- | --- |
| **No.** | **Name of Course** | **Additional information**  *(fills ISM responsible person)* |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Signature)*

SUBMITTED (if the study subjects were completed in other higher education institution than ISM):

1. The copies of Diploma and Supplement of diploma or Transcript of records (original);
2. Syllabus (description (-s)) of the course (-s) which is (are) requested to be recognized.

|  |
| --- |
| *Decision was made by:*  *Name, surname, position, signature, data* |