*(Name, surname)*

*(study programme)*

Tel.No.:

E-mail:      @stud.ism.lt

ISM University of Management and Economics

Study Department

REQUEST TO TERMINATE STUDIES CONTRACT

20

I hereby request to terminate my studies contract with ISM University of Management and Economics.

…………………….

*(Signature)*

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# CHECKLIST FOR SETTLEMENT WITH THE UNIVERSITY

**20 m. d.**

Vilnius

*(Student’s name, surname)*

1. Student has no obligations to ISM Library.

Confirmation:

*(Name, surname, signature of library‘s executive,* ***room 101****)*

2. Student has no financial obligations to University.

Confirmation:

*(Name, surname, signature of Data manager,* ***room 316b****)*

**Fully completed Checklist must reach Study department (room 312) during working hours:**

Study department’s working hours (room 312)

I-V 08:00 -17:00

(Lunch break from 12.30 to 13.30)