*(Name, Surname)*

*(Study Programme)*

Tel.No.:

E-mail:      @stud.ism.lt

ISM University of Management and Economics

Study Department

REQUEST

TO CHANGE THE ELECTIVE COURSE(S)

20

I would like to request your permission to switch to a different elective course(s)       in the 20 semester instead of the failed elective course(s) after paying the appropriate study fee.

…………………….

*(Signature)*