ISM UNIVERSITY OF MANAGEMENT AND ECONOMICS

A P P L I C A T I O N F O R M

To President A. Chmieliauskas,

The _____of_____, 201__

ISM University of Management and Economics

Personal data *(fill in capital letters)*:

Surname

Name

Personal ID/date of birth:

Phone:

E-mail: _____ @ _____

I request to be enrolled at ISM University of Management and Economics as a NON-DEGREE STUDENT from the beginning of 201__ Fall / Spring semester to *(please underline the semester):*

(please indicate cycle of studies)

☐ Bachelor ⋮ ☐ Master

No.	Course Code	Name of the course	ISM staff comments
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Additional Information:

At ISM I had been studying before, as a ☐ Student ☐ Freemover

I'm not studied at ISM previously: ☐

I warranty that all given information is correct: _____

(Signature)

Name, surname, position of ISM staff member registering Application	Data	Signature