## VYTAUTAS MAGNUS UNIVERSITY

	(name of academic faculty)
	(study stage, course)
	(name, surname)
	(date of birth)
	(e-mail, mobile phone)
	VMU Student Representatives
	Board
	REQUEST
	(date)
	Kaunas
Please regis	ster me as a candidate in the elections to the VMU SC President.
	_
(signature)	(name, surname)