10/30/23, 2:44 PM Request

> FIRST NAME SURNAME (student card no.): HARIKRISHNA SIVAPRASAD (2330353)

Full Name (Last, First, Middle) (student ID):

Department/Department: Kaunas Faculty

Study Programme/Programme:

Information systems and cybersecurity (in English)

(variant) (B, NL, 1 k., 1 gr.)

Nature of study funding / Financial status: not state-funded i don't get

Incentive Scholarship/Incentive Scholarships:

Email/*Email*: harikrishna.sivaprasad@knf.stud.vu.lt

+917736861990 Phone/*Phone*:

India, Ernakulam, 26/2354, Thandassery Parambil, Address / Address:

Thevara Colony Thevara P.o., Ernakulam

Dean

of Kaunas Faculty To Dean of the Kaunas Faculty

## REQUEST ON THE GRANTING OF ACADEMIC LEAVE REQUEST FOR ACADEMIC LEAVE

2023-10-30

Please grant academic leave I hereby request that academic leave be provided to me for personal reasons / due to the personal

reasons

from / from 2023-10-30 to / to 2024-08-31

(Academic leave is granted for the following period: due to illness - up to two years; for pregnancy and care for the baby - for the period provided for by law, but not more than three years; for personal reasons, for a maximum of one year.)

(The duration of academic leave: due to illness: up to 2 years; due to pregnancy and infant care: as set by the law (not exceeding 3 years); due to personal reasons - not exceeding 1 year.)

I am informed that 14 days before the end of the suspension of studies, I have to write an application for permission to continue my studies after the suspension of studies. I am also informed that if I do not write a request to continue my studies, I will be removed from the student lists.

I am aware that no later than 14 days before the final date of my suspension of studies I shall have to request permission (in writing) to continue my studies after my suspension. I am also aware that in the absence of my request for permission to continue my studies I will not be eligible to continue my studies at the university.