



**LIETUVOS KŪNO KULTŪROS
LITHUANIAN ACADEMY OF PHYSICAL**

Sporto g. 6, LT-44221

Phone: + 370 37 30 26 21, Fax: + 370 37 20 45 15, E-mail: lkka@lkka.lt Website: http://www.lkka.lt

**APPLICATION FOR ADMISSION
MASTER DEGREE IN PHYSIOTHERAPY
(Please TYPE or use CAPITAL letters)**

ACADEMIC YEAR 2009 - 2010

PERSONAL DATA	
Surname/Family Name*:	
First name and middle name (s)*:	
Place of birth:	Date of birth (D /M/ Y):
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Nationality:
PERMANENT HOME ADDRESS	TEMPORARY ADDRESS: From: To:
Street:	Street:
City:	City:
Postal code:	Postal code:
Country:	Country:
Phone/ Fax:	Phone/ Fax:
E-mail:	
A PERSON TO CONTACT IN CASE OF EMERGENCY	
Name and relationship to the student:	
Contact information:	

Photo

** Please write surname/family and first name (s) exactly from your passport (or ID card) as it is very important while preparing your acceptance documents.*

EDUCATIONAL BACKGROUND						
List all post-secondary institutions you have attended or are attending						
Institution	Location	Field of Study	Dates attended		Name of degree or diploma received/expected	Date degree received/expected
			From	To		

LANGUAGE SKILLS

Native language:				Language of instruction at home institution (if not native language):					
Knowledge of languages (mark X)	Read			Write			Speak		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENCLOSURES

Please complete the checklist of the required enclosures below (mark X). Note that incomplete applications will not be processed.

<input type="checkbox"/>	Copy of the Diploma/Certificate of graduation from a higher education institution in the original language
<input type="checkbox"/>	Copy of the transcript of records and courses in the original language
<input type="checkbox"/>	Copy of the Diploma/Certificate of graduation from a higher education institution translated into English*
<input type="checkbox"/>	Copy of the transcript of records and courses translated into English
<input type="checkbox"/>	A certificate of knowledge of English
<input type="checkbox"/>	A photocopy of the passport or ID card
<input type="checkbox"/>	3 photographs (3 x 4 cm)
<input type="checkbox"/>	The receipt of the paid non-refundable application fee equivalent to 50 EUR**
<input type="checkbox"/>	Applicant's CV (Curriculum Vitae)
<input type="checkbox"/>	Motivation letter

* Please note that all copies have to be legalized by the institution that has issued the original document or by notary public. All translations have to be done by official translators. The translations must keep the stamp and signature of the translator.

** Name of Account Holder: Lithuanian Academy of Physical Education; Bank name: AB SEB Vilniaus Bankas; Account number: LT047044060003325574; SWIFT code: CBVILT2X; Bank code: 70440; Details (stringent): Name of payment – „Application fee”; Payment code - 103; Sum total – 50 EUR

The deadline for applicants of those countries who require Lithuanian visa – **August 1, 2009**

The deadline for applicants of those countries who do not require Lithuanian visa – **October 1, 2009**

SIGNATURES

I certify that the information provided in this application is correct and complete.

Applicant's signature:

Date:

Completed application together with the required documents must be sent by the address below:

International Relations Office
Lithuanian Academy of Physical Education
Sporto g. 6, LT-44221 Kaunas
Lithuania
Phone/Fax: (+370 37) 30 26 72, E-mail: trs@lkka.lt