Rīga Stradiņš University

Faculty of Medicine

To the Head of the Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name Surname)

Rīga Stradiņš University

International Student Department

5th study year

2nd level professional higher education

study programme “Medicine”

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(Student name surname)

Student ID number \_\_\_\_\_\_\_\_\_\_\_\_

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Application

I hereby request approval for the following title of the research paper:

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| „ ” |
| (Title in Latvian) |

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| „ ” |
| (Title in English) |

and appointing the research paper supervisor.

Signature

Date:

**APPROVED BY:**

Research paper supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/

(Signature, date)