To: Dr Smuidra Žermanos

Dean of the International Student Department

of Rīga Stradiņš University

**ACADEMIC LEAVE**

**Application form**

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| **STUDENT INFORMATION** |
| **Name, Surname:** |  |
| **Student card No.:** |  | **Study programme:** |  |
| **Study year:** |  | **Semester:** |  | **Group:**  |  |
| **E-mail:** | ***@rsu.edu.lv*** | **Phone No.:** |  |
| **Address:** |  |

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| **GRANTING ACADEMIC LEAVE**  |
| **[ ]  *Please grant me academic leave as of:*** |  |
| *(DD/MM/YYYY)* |
| **Reason for leave:** | **Enclosed:** |  |
| **[ ]** *Due to medical indications***[ ]** *Due to childbirth***[ ]** *Due to social matters***[ ]** *Due to family matters***[ ]** *Other* | **[ ]** *Doctor’s certificate***[ ]** *Copy of the new-born’s certificate of birth***[ ]** *Other document (specify)* **[ ]** *Reference from RSU Library about having met my commitments*  |
| *Librarian’s signature**Stamp and date* |
| ADDITIONAL INFORMATION *(for internal office use only)* |
| **[ ]  *I plan to continue my studies at RSU starting with\**** | **[ ] *September 20*** | **[ ]  *February 20*** |
| \*The information you provide here is for planning purposes only. Should you wish to return to RSU on the dates you mention above, you must submit a separate Application form for Academic Leave no later than 5 working days before the beginning of the semester. |

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| **RESUMING STUDIES AFTER ACADEMIC LEAVE** |
| **[ ]  *Please allow me to resume studies at Rīga Stradiņš University after the academic leave, as of:*** |
|  | [ ]  *September 20*[ ]  *February 20* |

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| **Signature** |  |  | **Date** |  |

Upon completion, please submit this form to the Student Services in RSU Main building, 16 Dzirciema Street, Block K, Room 100.

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| ***Received at RSU Student Services*** |  | ***For office use only:*** |
|  | **Date received** |  |
| **Signature** |  |
| **Decision** |  |