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| **Resolution:***date, signature* |  | **To: RSU** |
| *Name of the department this appeal is addressed to* |
|  |
| *Name, surname of the person you are addressing this appeal to* |
| **Academic appeals 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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| *Below describe your appeal as much in detail as possible, stating your request at the end.* |
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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 department use only:** |
|  | **Data received** |  |
| **Name of recipient**  |  |
| **Response date**  |  |
| **Signature**  |  |