|  |  |  |
| --- | --- | --- |
| **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** |

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

|  |
| --- |
| *Below describe your appeal as much in detail as possible, stating your request at the end.* |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Received at RSU Student Services** |  | **For department use only:** | |
|  | **Data received** |  |
| **Name of recipient** |  |
| **Response date** |  |
| **Signature** |  |