To: Dr Smuidra Žermanos

Dean of the International Student Department

of Rīga Stradiņš University

**change of name**

**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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| **CHANGE OF NAME**  |
| ***Due to the change of my name, please change my name in all RSU documentation:***  |
| ***from*** |
| *Former name* |  |
| *Former surname* |  |
| ***to*** |
| *Present name* |  |
| *Present surname* |  |
| ***Please find enclosed:***[ ]  Copy of my passport | **Documents provided:**[ ]       [ ]       ***(Please write the name (type) of document, document number, date of issue and issuing institution.)*** |

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