To: Rīga Stradiņš University

Loan Granting Commission

**study loan**

**Application form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **STUDENT INFORMATION** | | | | | | | |
| **Name, Surname:** |  | | | | | | |
| **Personal ID No** |  | | | | | | |
| **Student card No.:** |  | | | | **Study programme:** |  | |
| **Study year:** |  | | **Semester:** | |  | **The remaining study period:** | **years** |
| **Degree and/or qualification to be obtained**  **(tick the applicable):** | | Academic Bachelor’s degree  Professional higher education Academic Master’s degree  Residency in Medicine | | | | Professional Bachelor’s degree  Professional Master’s degree  Doctoral degree | |
| **Type of studies (tick the applicable):** | | | | Full-time studies | | Part-time studies | |
| **E-mail:** | ***@rsu.edu.lv*** | | | | **Phone No:** |  | |
| **Address:** |  | | | | | | |

|  |  |  |
| --- | --- | --- |
| **STUDY LOAN** | | |
| **I hereby apply for the study loan for the following period *(tick the applicable)*:** | | |
|  | The whole study period  ***(specify the number of years and /or semesters)*** | |
| **The requested amount of the loan** | | **EUR** |
| **Special social conditions *(tick if applicable)*** \*  the student is disabled, an orphan or without parental care (until the age of 25), the status of a deprived person has been granted to a student’s family (upon presenting a document certifying such in conformity with regulatory enactments)  there are three or more children in the student’s family  the student has a child  other social conditions | | |
| **\**Provide relevant supporting documents issued by public authorities.*** | | |
| **Documents provided** (write the type and number of document, date and issuing institution)**:** | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**I hereby confirm that I have acquainted myself with the Regulations No 220 of the Cabinet of Ministers “Procedures for the Allocation, Repayment and Cancellation of a Study Loan and Student Loan from the Resources of Credit Institutions with the Government Guarantee” (**[**http://m.likumi.lv/saistitie.php?id=25577&saistitie\_id=7**](http://m.likumi.lv/saistitie.php?id=25577&saistitie_id=7) **).**

**I hereby agree that the copy of my passport will be used and personal data processed within the loan granting process.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicant’s signature** |  |  | **Date** |  |

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