To: Rīga Stradiņš University

Loan Granting Commission

**study loan**

**Application form**

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| **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:** |  |

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| **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.