CONFIRMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name, surname of the Student/ Latvian State scholarship receiver) hereby confirm that I have been studying at Rīga Stradiņš University and have been staying in the Republic of Latvia for at least 15 calendar days in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (month), 20\_\_\_.

***The Student*** *is informed that the payment of scholarship according the present Scholarship Agreement shall be ceased and the payment of the aforementioned scholarship shall not be resumed if the Student studies at the University and stays in the Republic of Latvia less than 15 calendar days in the relevant month.*

*Upon request of the University,* ***the Student*** *have to reimburse any scholarship unduly received.*

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_