

To: Dr Smuidra Žermanos
 Dean of the International Student Department
 of Rīga Stradiņš University

ACADEMIC LEAVE

Application form

STUDENT INFORMATION					
Name, Surname:	James Jones				
Student card No.:	21-123456	Study programme:	Medicine		
Study year:	1	Semester:	1	Group:	1
E-mail:	123456@rsu.edu.lv		Phone No.:	+371 1234567	
Address:	Dzirčiema street 16, Riga				

GRANTING ACADEMIC LEAVE		
<input type="checkbox"/> Please grant me academic leave as of:	(DD/MM/YYYY)	
Reason for leave: <input type="checkbox"/> Due to medical indications <input type="checkbox"/> Due to childbirth <input type="checkbox"/> Due to social matters <input type="checkbox"/> Due to family matters <input type="checkbox"/> Other _____	Enclosed: <input type="checkbox"/> Doctor's certificate <input type="checkbox"/> Copy of the new-born's certificate of birth <input type="checkbox"/> Other document (specify) _____ <input type="checkbox"/> Reference from RSU Library about having met my commitments	Librarian's signature Stamp and date
ADDITIONAL INFORMATION (for internal office use only)		
<input type="checkbox"/> I plan to continue my studies at RSU starting with*	<input type="checkbox"/> September 2021	<input type="checkbox"/> February 20____
*The information you provide here is for planning purposes only. Should you wish to return to RSU on the dates you mention above, you must submit a separate Application form for Academic Leave no later than 5 working days before the beginning of the semester.		

RESUMING STUDIES AFTER ACADEMIC LEAVE	
<input checked="" type="checkbox"/> Please allow me to resume studies at Rīga Stradiņš University after the academic leave, as of:	
	<input checked="" type="checkbox"/> September 2021 <input type="checkbox"/> February 20____

 Signature **J.Jones**

 Date **01.01.2021.**

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 office use only:
	Date received
	Signature
	Decision