STUDENT INFORMATION

APPROVED by Rīga Stradiņš University Rector's decree No. 5-1/236/2020 of 17.06.2020

APPLICATION

To: RSU, International Student department

Name of the department this application is addressed to

Dean Smuidra Žermanos

Name, surname of the person you are addressing this application to

Name, Surname:	James Jones						
Student card No.:	<mark>21-123456</mark>		Study prog	ramme:	Medicine		
Study year:	<u>1</u>	Semester:	<u>1</u>	•	Group:	<u>1</u>	
E-mail:	123456 @rsu.edu.lv		Phone No.:	<u> </u>	+371 123	<mark>4567</mark>	
Address:	Dzirciema street 16, Riga						
CONTENT OF YOUR APPLICATION							
Describe your application as much in detail as possible, stating your request at the end.							
This application form will be for:							
- Missed class or lecture (attach doctors note or any kind of document)							
- Session extension							
	- Reevaluation of credit points/ECTS						
 Any kind of issue when you have to write an Application and there is no Application specifically prepared 							
for this reason							
Attached:							
71110011001							
Signature J.Jones			Date	<mark>01.01</mark>	<mark>2021.</mark>		
When completed, this for	rm should be su	bmitted to Student	t Services in RSU Main b	ouilding, 16 Dziro	ciema Stree	et, Block K, Room 100.	
Received at RSU Student Serv	vices For office use only:						
	D	ate received					
	s	ignature					
	ם	ecision					