Form No. SS-12

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

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:	***Dzirciema street 16, Riga***				

GRANTING ACADEMIC LEAVE		
☒ ***Please grant me academic leave as of:***	***01.01.2021.***	
	(DD/MM/YYYY)	
Reason for leave:	**Enclosed:**	
☒ *Due to medical indications* ☐ *Due to childbirth* ☐ *Due to social matters* ☐ *Due to family matters* ☐ *Other_____*	☒ *Doctor's certificate* ☐ *Copy of the new-born's certificate of birth* ☐ *Other document (specify) _____* ☐ *Reference from RSU Library about having met my commitments*	*Librarian's signature* *Stamp and date*
ADDITIONAL INFORMATION *(for internal office use only)*		
☒ ***I plan to continue my studies at RSU starting with****	☒ ***September 2021***	☐ ***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	
☐ ***Please allow me to resume studies at Rīga Stradiņš University after the academic leave, as of:***	
	☐ *September 20_____* ☐ *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	