Form No. SS-1.1

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

Resolution: *Date, signature*	**RSU *Department of Human Physiology and Biochemistry*** *Name of the department this complaint is addressed to* ***Prof. Pēterim Tretjakovam*** *Name, surname of the person you are addressing this complaint to*

STUDENT COMPLAINT / ACADEMIC APPEALS 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***				

☐ **COMPLAINT** ☒ **ACADEMIC APPEAL**

(Describe your application as much in detail as possible, stating your request at the end.)

- What kind of assessment was it: colloqium, test, exam;
- In what subject;
- When did you write it;
- Name, Surname of the teacher;
- Was this first, second or third time you wrote the assessment;
- When did you get the grade;
- What grade did you get;
- What do you think was not appropriate;
- What do you want to achieve with this Appeal (for example: another teacher to look over your work, another grade).

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:	
Data received	
Name of recipient	
Response date	
Signature	