Form No. SS-7.1(3)

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

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*				

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:	

Signature *J.Jones* **Date** *01.01.2021.*

When completed, this form should be submitted to 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	