Form No. SS-2.1(5)

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

CHANGE OF NAME
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***				

CHANGE OF NAME	
Due to the change of my name, please change my name in all RSU documentation:	
from	
Former name	
Former surname	***Jones***
to	
Present name	
Present surname	***Smith***

Please find enclosed:	**Documents provided:**
☒ Copy of my passport	☒ marriage certificate ☐ _____ ***(Please write the name (type) of document, document number, date of issue and issuing institution.)***

Signature ***J.Smith*** **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	
Signature	