Form No. SS-6.1(4)

APPROVED
by Rīga Stradiņš University Rector's decree
No. 5-1/165/2017 of 28 August 2017

To: Dr Smuidra Žermanos
Dean of the International Student Department
of Rīga Stradiņš University

THE REVIEW OF THE TUITION FEE PAYMENT TERM
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***				

TUITION FEE PAYMENT TERM			
Please review the fixed payment term for my tuition fee. I hereby commit to make the payment for the			
tuition fee in full for the:	☒ ***upcoming semester*** (EU/EEA citizens) ☐ ***upcoming year*** (non-EU/EEA citizens)	***until***	***01.03.2021.*** *(DD/MM/YYYY)*
Statement of reasons:			

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	
Dean's decision	