



### Recognition of competencies acquired outside formal education or through professional experience and of learning outcomes achieved in previous education

Registration No.:  
Reģistrācijas Nr.:

Date:  
Datums:

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**Fill in the blue fields, save in PDF format, electronically sign and email or print, sign and submit on paper!**

ID number:

Surname:

First name:

Gender:

Female

Male

Date of birth:

PLACE OF RESIDENCE

Index:

street, house, apartment:

town, rural territory, village:

municipality, country:

mobile phone number:

e-mail address:

official electronic address:

### PLEASE RECOGNIZE/CREDIT

learning outcomes achieved in previous education

knowledge, skills and competencies acquired outside formal education

knowledge, skills and competencies acquired through professional experience

Obtained in the period from:

to:

Place and name of the educational institution where the programme was acquired, name of the programme, or institution where professional experience was acquired:

in Latvian:

in English

Type of educational programme:

Continuing education

Vocational secondary education

Professional upskilling

First-level professional higher education

Second-level professional higher education

Academic Bachelor's studies

Professional Bachelor's studies

Academic Master's studies

Professional Master's studies

residency

doctoral studies

continued on next page ...

Acquired knowledge, skills and competencies and learning outcomes achieved in previous education:

Purpose of recognition:

Substantiation of the compliance of the achieved outcomes with the requirements of the respective study programme or its part:

I SEEK RECOGNITION OF THE ACHIEVED OUTCOMES within – Name and type of the study programme:

Course Code	Course Title	Credits
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Date of issue	Document title	The document attesting
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Where additional documents are to be enclosed, a list of documents on a separate page shall be provided alongside the application

I would like to receive a recognition decision:

By e-mail

To the Official Electronic Address

Arriving in person at the University of Latvia

By post

I hereby consent to the processing of my personal data for the provision and administration of the study process at the University of Latvia, for statistical purposes and for the creation of an archive fund.

I hereby certify that I have read the procedure for recognition of competencies acquired outside formal education or through professional experience and learning outcomes achieved in previous education

I hereby certify that the information provided in this form is complete, true and correct to the best of my knowledge:

Signature

date. month. year

Total credit points:

Fee for recognition of study courses:

Amount in digits:

Amount in words:

The documents were accepted and checked by:

Dokumentus pieņēma un pārbaudīja:

Vārds Uzvārds

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