



LATVIJAS UNIVERSITĀTE

APPLICATION AND REGISTRATION FORM FOR CONTINUING STUDIES

Programmas kods	N.p.k.	datums, mēnesis, gads

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

ID number:		First name:		
Surname:		Gender:	Female	Male
Citizenship:				

Residence permit:

Identity document		Document type:	Passport	ID card	
Series and No.:		Issued:	<input type="text"/>	Valid until:	<input type="text"/>
Issued by:			date. month. year		date. month. year

Place of residence	Index:	<input type="text"/>	Place of residence in Latvia	Indekss:	<input type="text"/>
street, house, apartment:	<input type="text"/>		street, house, apartment:	<input type="text"/>	
town, village:	<input type="text"/>		town, village:	<input type="text"/>	
municipality, country:	<input type="text"/>		municipality, country:	<input type="text"/>	
Mobile phone number:	<input type="text"/>	e-mail address:	<input type="text"/>		

ACHIEVED LEVEL OF EDUCATION

Educational institution:	<input type="text"/>	Year of graduate:	<input type="text"/>
Level of education and type of program:	Secondary	Secondary vocational	
	Bachelor	Master	
Other:	<input type="text"/>		

I AM/WAS A STUDENT OF	Name of the HEI:	<input type="text"/>
Programme:	<input type="text"/>	
	When studies were interrupted:	<input type="text"/>
		date. month. year

I WOULD LIKE TO CONTINUE STUDIES AT THE UNIVERSITY OF LATVIA

Programme:	<input type="text"/>			
Specialization:	<input type="text"/>			
Type of educational programme:	First-level professional	Bachelor	Professional Bachelor	Residency
	Second-level professional	Master	Professional Master	Doctoral studies
Studiju forma:	Full time		Part time	
Finansējuma avots:	State funding only	State or own funding	Own funding	

ATTACHED COPY OF TRANSCRIPT:

In English:	<input type="text"/>	Issued:	<input type="text"/>
In:	<input type="text"/>	Issued:	<input type="text"/>
			date. month. year

Attached course descriptions: on: pages.

ATTACHED COPIES OF CERTIFICATE/DIPLOMA OF PREVIOUS LEVEL EDUCATION:

Certificate

Diploma

Other document

Issued:

date. month. year

Series and No.:

ATTACHED OTHER COPIES OF REQUIRED DOCUMENTS:

Document 1.:

Document 2.:

Document 3.:

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

FAKULTĀTES UN STUDIJU PROGRAMMAS VADĪBAS ATZĪMES

Atteikt

Reģistrēt un imatrikulēt

Programmas kods:

Programmas nosaukums:

Programmas veids:

Studiju forma:

Pilna laika klātie

Nepilna laika klātie

Nepilna laika neklātie

Finansējuma avots:

Par valsts budžeta līdzekļiem

Par personīgajiem līdzekļiem

par

Atbrīvojumi (iemesls):

Programmas direktora vīza un elektroniskais paraksts:

Dokumentus pieņēma un pārbaudīja:

Vārds Uzvārds

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