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|  | **RIGA MEDICAL COLLEGE****OF THE UNIVERSITY OF LATVIA**1 Hipokrata Str., Riga, LV-1079, Latvia Phone +371 67840744 Fax +371 67547797 E-mail: koledza@rmkoledza.lv |

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| Please attach photo here |

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR: 2019 /2020**

**STUDY PROGRAMME:**

**STUDY YEAR:**

**HOME UNIVERSITY**

|  |
| --- |
| Name and full address:  Department coordinator (name, telephone, e-mail):  Institutional coordinator (name, telephone, e-mail): |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| First name(s):  Family name(s):  Date of birth:  Gender: | Nationality:  Address:  Tel.:  E-mail: |

**LANGUAGE COMPETENCES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Mother tongue: Language of instruction at home university (if different): | | | | | | |
| Other languages | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| 1. | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 | 🞏  🞏  🞏 |
| 2. |
| 3. |

**MOBILITY PERIOD**

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| --- | --- |
| **From:** | **To:** |
| **……./………/.......**  date/month/year | **..…../……/.......**  date/month/year |

**Please attach Transcript of records and Learning Agreement**

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| **SENDING INSTITUTION** | |
| We hereby acknowledge the nomination of the mobility applicant. | |
| Student’s signature  ..............................................................................  Date: .................................................................... | Coordinator’s signature  .......................................................................................  Date : ............................................................................ |

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| **RECEIVING INSTITUTION** | |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. | |
| Departmental coordinator’s signature  ..............................................................................  Date: .................................................................... | Institutional coordinator’s signature  .......................................................................................  Date : ............................................................................ |