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|  | **RIGA MEDICAL COLLEGE****OF THE UNIVERSITY OF LATVIA**1 Hipokrata Str., Riga, LV-1079, LatviaPhone +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**

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

**STUDENT’S PERSONAL DATA**

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

**LANGUAGE COMPETENCES**

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