**LATVIA UNIVERSITY OF LIFE SCIENCES AND TECHNOLOGIES**

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| --- |
|  |
| *(faculty)* |
|  |
| *(study programme)* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *🗆 full-time* | *🗆 part-time* |  | *academic year, matriculation No.* |  |
|  |
|  |
| *(student's first name and last name)* |

***APPLICATION***

*Jelgava*

|  |  |
| --- | --- |
| ***To the Dean*** |  |

|  |  |  |
| --- | --- | --- |
|  | *, 20* |  |

*(date)*

|  |  |  |
| --- | --- | --- |
| *I request to* ***register*** *me for* | *🗆 full-time* | *🗆 part-time* |
|  |  |  |
|  | *🗆 undergraduate studies* | *🗆 master’s studies* |
|  |  |  |
|  | *study programme* |
| *(name of the study programme)* |  |
|  | *academic year.* |

|  |
| --- |
|  |
| *(signature of student)* |

*APPROVED*

|  |  |
| --- | --- |
| *Dean* |  |
|  | *(Dean’s signature and its transcript)* |