

**LATVIAN ACADEMY OF CULTURE
STUDY BOARD**

Student

Name: _____ Last Name: _____

Student ID No: _____ Course, semester: _____

Study Programme: _____

Phone: _____ E-mail: _____

APPLICATION

Please recognize course (title of the course): _____

Which is completed in (name of the institution of higher education / Country): _____

Grade/Score: _____ Attained Credits: _____

And recognize it to the Latvian Academy of Culture's course (title) _____

Attached Documents:

Student's Signature: _____

Date: ____ / ____ / ____