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 instituion 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:* ____/____/_____