**RSU Sarkanā Krusta medicīnas koledža**

**Iepriekšējā izglītībā** **sasniegtos studiju rezultātu salīdzināšanai**

Studiju programmas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direktorei/-am \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (akadēmiskais amats, vārds, uzvārds )

Pretendenta \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Vārds, uzvārds) (personas kods )

Mobilā tālruņa nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Deklarēta adrese (iela, māja, dzīvoklis, pilsēta, pasta indekss)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IESNIEGUMS

Lūdzu ieskaitīt laika posmā no \_\_\_.\_\_\_.\_\_\_\_\_\_\_ līdz \_\_\_.\_\_\_.\_\_\_\_\_\_\_ apgūto(-s) studiju kursu(-s).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Nr.p.k. | Studiju kursa nosaukums\* | Kredīt-punkti | Vērtējums | Izglītības iestādes nosaukums | Dokumenta nosaukums (akadēmiskā izziņa, diploma pielikums u.c.). |
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Pielikumā pievienoju šādas dokumentu kopijas:

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| Nr. p.k. | Iestādes nosaukums | Dokumenta nosaukums | Dokumenta nr. |
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\*Iesniegumā tiek norādīti tie studiju kursi, kurus pretendents vēlas, lai pārskaita.

Datums: \_\_.\_\_.20\_\_. Pretendenta paraksts:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 /atšifrējums/