\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature, printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date)

University of Liepaja \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ faculty’s

 dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| (student’s name, surname) |
| (address) |
| (student card number) |
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| (telephone number) |
| (e-mail)Full time / Part time (delete where not applicable) |
| (study program)......... year student’s |

**APPLICATION**

**of academic debt settlement following an individual plan**

Please register me for the studies …….. year, …… semester.

I undertake to settle my academic debts following an individual plan and pay for examinations EUR\_\_\_\_\_\_\_ according to chargeable service costs specified by University of Liepaja Senate (http://www.liepu.lv/lv/681/studiju-pakalpojumi).

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| **Study course** | **KRP** | **Academic staff****(lecturer)** | **Examination deadline** | **Academic staff signature** | **Examination fee** | **Examination is passed (be completed by the secretary of the faculty)** |
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\* Student individually specifies examination tasks with study course lecturer.

Student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

\_\_\_\_\_\_\_\_\_\_\_ (date)

Registred for studies ……………. (date)

Charge d’Affairs:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

PIEŠĶIRT SESIJAS PAGARINĀJUMU LĪDZ\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UN REĢISTRĒT STUDIJĀM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts, paraksta atšifrējums)

20\_\_\_. gada \_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liepājas Universitātes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ fakultātes

 dekānei \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| (studējošā vārds, uzvārds) |
| (dzīvesvietas adrese) |
| (studenta apliecības numurs) |
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| (kontakttālrunis) |
| (e-pasts)Pilna laika / nepilna laika (nevajadzīgo svītrot) |
| (studiju programma)......... kursā studējošā (-ās) |

**IESNIEGUMS**

**par sesijas pagarinājumu pēc atgriešanās no apmaiņas programmas**

Lūdzu piešķirt sesijas pagarinājumu sakarā ar atgriešanos no apmaiņas programmas (valsts: \_\_\_\_\_\_\_\_\_\_\_\_\_\_; apmaiņas programmā pavadītais laiks: \_\_\_\_\_\_\_\_\_\_)

Sesijas pagarinājums nepieciešams šādiem studiju kursiem:

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| --- | --- | --- | --- | --- | --- |
| **Studiju kursa nosaukums** | **KRP** | **Mācībspēks (pasniedzējs)** | **Pārbaudījuma kārtošanas termiņš** | **Mācībspēka****paraksts** | **Pārbaudījums nokārtots****(aizpilda fakultātes sekretāre)** |
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\*Pārbaudījuma uzdevumus studējošais individuāli precizē ar studiju kursa mācībspēku.

Studējošais:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(paraksts)

20\_\_\_. gada \_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_