International

**STUDENT APPLICATION FORM**

Application deadline: **1 June** for the Autumn semester, **1 November** for the Spring semester

*Late applications will be considered if vacancies occur*

Please complete the form carefully in block letters and **together with the required enclosures and a scanned copy of your Learning Agreement** return to:

### International Office

**Latvian Maritime Academy**

**12 k-1, Flotes Street, Riga LV 1016**

**LATVIA**

**Phone +371 67161130**, **Fax +371 67830138**

**e-mail:** **vija.kasakovska@latja.lv**

**Academic year 2019/2020**

|  |  |  |
| --- | --- | --- |
| Autumn Semester  |  |  |
| Spring Semester  |  |  |
| Full academic year  |  |  |

 *(check appropriately)*

1. **Personal data**

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| (Photo)Name …………………………………………………………………..Surname ………………………………………………………………..Sex Male FemaleDate of birth ……………………………………………………………Citizenship ……………………………………………………………..Permanent address ……………………………………………………..…………………………………………………………………………..Contact phone ………………………………………………………….E-mail …………………………………………………………………. |

1. **Sending institution**

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|  Current institution you are studying at ………………….…………………………………………………….Legal representative of the sending institution…………………………………………………………………Institutional coordinator: …………………………….……. e-mail: ……………………………………Phone:……………………… fax: …………………….  |

1. **Previous and current study**

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| Diploma/degree for which you are currently studying: ....................................................................................Number of higher education study years prior to departure abroad: ................................................................Have you already been studying abroad? Yes 🞏 No 🞏If Yes, when? At which institution? .............................................................................................................. |

1. **Language competence**

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| Mother tongue: ................... Language of instruction at home institution (if different): .................................. |
| Other languages | I am currently studying this language | I have sufficient knowledge to follow lectures | I would have sufficient knowledge to follow lectures if I had some extra preparation |
|  | yes | no | yes | no | yes | no |
| ..................................................................... | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 | 🞏🞏🞏 |

1. **Educational background (if relevant)**

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| --- | --- | --- | --- |
| Institution1...............................................2............................................. | Diploma awarded................................................................................................ | Dates.......................................................... | Country................................................... |

1. **Work experience related to current study (if relevant)**

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| --- | --- | --- | --- |
| Company/organisation............................................................................................ | Type of work experience.......................................................................................... | Dates.......................................................... | Country.................................................... |

**The attached Transcript of records includes full details of previous and current higher education study. Details not known at the time of application will be provided at a later stage.**

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| **APPLICANT’S DECLARATION*** I certify that the information contained in this application is true and accurate to the best of my knowledge. I agree to Latvian Maritime Academy (LMA) processing personal data contained in this form or other data which LMA may obtain from me or other sources. I agree to the processing of such data for any purpose connected with my studies or my health, welfare or safety, or for any other legitimate reason.
* I hereby declare that I give LMA the rights to publish my image in traditional publications (e.g. documents, reports, advertisements, directories, folders, press releases and exhibitions) and electronic ones (e.g. website, social media) which relate to Erasmus+ mobility. I am aware that my consent may be withdrawn at any time.
* I am aware that the case of loss of data (including unauthorized data leakage) it is my duty to report promptly in writing to LMA e-mail: info@latja.lv

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name & Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **RECEIVING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
| The above-mentioned student is 🞏🞏Departmental coordinator’s signatureDate: ................................................................. | provisionally accepted at our institutionnot accepted at our institutionInstitutional coordinator’s signature..........................................................................................Date: |
|  |