|  |  |
| --- | --- |
|  | **RIGA MEDICAL COLLEGE****OF THE UNIVERSITY OF LATVIA**1 Hipokrata Str., Riga, LV-1079, LatviaPhone +371 67840744 Fax +371 67547797 E-mail: koledza@rmkoledza.lv |

**STUDENT APPLICATION FORM**

**ACADEMIC YEAR: 2017 /2018**

**STUDY PROGRAMME:**

**STUDY YEAR:**

**HOME UNIVERSITY**

|  |
| --- |
| Name and full address: Tbilisi State Medical UniversityDepartment coordinator (name, telephone, e-mail): Meda JgharkavaInstitutional coordinator (name, telephone, e-mail): Nino Kandelaki  |

**STUDENT’S PERSONAL DATA**

|  |  |
| --- | --- |
| First name(s): Family name(s): Date of birth:Gender:  | Nationality:Address:Tel.:E-mail:  |

**LANGUAGE COMPETENCES**

|  |
| --- |
| Mother tongue: Georgian:  |
| Other languages | **A1** | **A2** | **B1** | **B2** | **C1** | **C2** |
| 1.English | □□□ | □□□ | XX□ | □□□ | □□□ | □□□ |
| 2.Russian |
| 3. |

**MOBILITY PERIOD**

|  |  |
| --- | --- |
| **From:** | **To:** |
| **……./February/2018**date/month/year | **..…../April/2018**date/month/year |

**Please attach Transcript of records and Learning Agreement**

|  |
| --- |
| **SENDING INSTITUTION** |
| We hereby acknowledge the nomination of the mobility applicant. |
|  Student’s signature..............................................................................Date: .................................................................... | Coordinator’s signatureMedea JgharkavaDate : ............................................................................ |

|  |
| --- |
| **RECEIVING INSTITUTION** |
| We hereby acknowledge receipt of the application, the proposed learning agreement and the candidate’s Transcript of records. |
|  Departmental coordinator’s signatureLinda Alondere Date: .................................................................... | Institutional coordinator’s signatureAstra BukuliteDate : ............................................................................ |