Latvijas Universitātes P. Stradiņa medicīnas koledžas

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ katedras vadītājai

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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

2./3. kursa studenta/tes

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Iesniegums.

Lūdzu atļaut kandidēt Erasmus+ programmas studentu prakses mobilitātei ārvalstīs. Apstiprinu, ka uz pieteikuma iesniegšanas laiku man nav akadēmisko un studiju maksas parādu.

*Datums*  *Paraksts*