**LATVIA UNIVERSITY OF LIFE SCIENCES AND TECHNOLOGIES**

***Faculty of Agriculture and Food Technology***

|  |
| --- |
| *(faculty)* |
|  |
| *(study programme)* |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *🗆 full-time* | *🗆 part-time* |  | *academic year, matriculation No.* |  |
|  |
|  |
| *(student's first name and last name)* |

***APPLICATION***

*Jelgava*

|  |  |
| --- | --- |
| ***To the Dean*** | ***D.Siliņa*** |

|  |  |  |
| --- | --- | --- |
|  | *, 20* |  |

*(date)*

|  |  |
| --- | --- |
| *I request an academic leave of absence during the period from* |  *, 20* |
|  |
| *to* |  *, 20* | *, because* |  |
|  |
|  |
|  |

|  |
| --- |
|  |
| *(signature of student)* |

*APPROVED*

|  |  |
| --- | --- |
| *Dean* |  |
|  | *(Dean’s signature and its transcript)* |