



# College of Business Administration

Alberta iela 13, Rīga, Latvia

*Request*

Request, Appeals and Objection Commission

\_\_\_\_\_  
*(surname, name)*

\_\_\_\_\_  
*(address, student's phone number)*

## REQUEST

For the approval of enrollment-transition-recognition of the exam or \_\_\_\_\_

(Short description of the request)

Attachments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

The date of admission:

\_\_\_\_\_

Administration officer:

\_\_\_\_\_