

RIGA 1ST MEDICAL COLLEGE OF THE UNIVERSITY OF LATVIA STUDENT'S APPLICATION FORM

PERSONAL DATA	
Name and surname	
Study program and	
study year	
Phone number	
E-mail	
Desired country of	
traineeship (considering the international	
partnership in the	
respective study program)	
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Annex:	
1) motivational letter	
2) Europass CV	
Date	