

To Director of the Riga Technical College

(name, surname)

(personal identity number)

(registered place of residence)

(phone, e-mail)

APPLICATION

Please recognize the results of my previous education and/or professional experience (underline where applicable).

Objective

Method and place of acquisition of the previous education and/or professional experience

Period of time during which the learning outcomes were achieved

Title of the study program in which the results of previous education or professional experience should be recognized

(date)

(signature)