

REPUBLIC OF LATVIA
MINISTRY OF EDUCATION AND SCIENCE
RIGA TECHNICAL COLLEGE

CERTIFICATE



No.....

Date

Riga

Issued to

XXXXXXXX XXXXXXXX

Personal ID xxxxxx - xxxxxx

For study results achieved in previous education or professional experience

Director _____ X.XXXXXXXXXX

Chairman of the Commission _____ X.XXXXXX

SS

Appendix to CERTIFICATE No.....

For study results achieved in previous education or professional experience

Issued to

XXXXXXXX XXXXXXXX

Personal ID xxxxxxx - xxxxxx

No .	Study course	CP*	ECTS	Contr. type	Evaluation	Academic or scientific degree of the teaching staff member	Academic position of the teaching staff member	Name of teaching staff member
1.								
2.								
3.								
4.								
5.								
6.								

*1 CP - one week of studies (1 year of full-time studies 40 CP - 60 ECTS)

Director

X.XXXXXXXXXX