# Ventspils University of Applied Sciences

Dean of the Faculty of Information Technology

doc. Vairis Caune

Bachelor's study programme “Computer Science”

1st/2nd/3rd . year student

Name Surname

Personal identification number: 123456 - 12345

Phone Nr. 28787879

# *AN APPLICATION*

Please allow me to take "Course Title" as part of an elective courses and register it for the spring/autumn semester of the 202…/202… academic year.

Date

/transcript of signature/