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(pamata augstskolas nosaukums)

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(studiju programmas/apakšprogrammas/specializācijas nosaukums)

\_\_.semestra studenta(es) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(vārds,uzvārds, personas indentifikācijas Nr.)

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Kontaktinformācija (e-pasts, tel.)

IESNIEGUMS

par studiju kursu apguvi klausītāja statusā LATVIJAS KULTŪRAS AKADĒMIJĀ (LKA)

Lūdzu atļaut apgūt brīvās izvēles studiju kursus LKA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(studiju semestris)

atbilstoši augstskolas studiju plāniem un nodarbību sarakstam

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| **Studiju kurss(i)** | **Pasniedzējs** | **ECTS**  **KP** | **Stundu skaits** | **Pārb.veids** |
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(Pamata augstskolas studiju programmas vadītāja vārds, uzvārds/paraksts)

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Saskaņots:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(LKA Studiju programmu padomes lietveža vārds, uzvārds)