



BALTIC INTERNATIONAL ACADEMY First-Level Higher Professional Education

Entry Application

(Please use block letters and mark the right answer with 'X')

Name, surname (as in passport):														
Identity code:														
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>														

Hereby I request to enrol me to:

(Please mark by digits (1, 2....) in order of priority those study programmes, which you wish to enter)

№	Study programme	In-depth study course	Department		Branch		Mode of study	
			Day	Extramural	Russian	Bilingual	Full-time (Day)	Part-time (Extramural)
1.	Jurisprudence	Jurisprudence	Day	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Full-time (Day)	<input type="checkbox"/>
			Extramural	<input type="checkbox"/>			Part-time (Extramural)	<input type="checkbox"/>
2.	Environmental Design	Advertising Design	Day	<input type="checkbox"/>	Russian (day)	<input type="checkbox"/>	Full-time (Day)	<input type="checkbox"/>
			Extramural	<input type="checkbox"/>	Bilingual (Extramural)	<input type="checkbox"/>	Part-time (Extramural)	<input type="checkbox"/>
		Visual Communication	Day	<input type="checkbox"/>	Russian (day)	<input type="checkbox"/>	Full-time (day)	<input type="checkbox"/>
			Extramural	<input type="checkbox"/>	Bilingual (Extramural)	<input type="checkbox"/>	Part-time (Extramural)	<input type="checkbox"/>
3.	Small and Medium Business Management	Tourism Business Management	Day	<input type="checkbox"/>	Bilingual	<input type="checkbox"/>	Full-time (day)	<input type="checkbox"/>
							Part-time (Extramural)	<input type="checkbox"/>

I advise my personal details as follows:

(Please fill in with block letters; in case information is not available fill in a dash '-')

Date and place of birth	(dd/mm/gggg)	
Citizenship	Citizen of the Republic of Latvia or permanent resident of the Republic of Latvia <input type="checkbox"/>	
	Foreigner Name of the country	
	Duration of stay in the territory of the Republic of Latvia	
Address	Permanent: (Declared place of residence)	
	Contact: (Where the academy can send information to; please indicate if different from the declared residence address)	
E-mail		
Phone numbers:	Home	
	Work	
	Mobile	
Place of work, position		

Prior education	General secondary education	<input type="checkbox"/>
	Secondary special education	<input type="checkbox"/>
	Secondary vocational education	<input type="checkbox"/>
	First-level higher professional education	<input type="checkbox"/>
	Second-level higher professional education	<input type="checkbox"/>
	Bachelor degree	<input type="checkbox"/>
	Master degree	<input type="checkbox"/>
Foreign language(s): (Please indicate the foreign language that you know)	English	<input type="checkbox"/>
	German	<input type="checkbox"/>
	French	<input type="checkbox"/>
	Russian	<input type="checkbox"/>
	Swedish	<input type="checkbox"/>

I enclose to the entry application the following documents:
(Please mark with 'X' those documents that you submit to the acceptance board)

Passport copy (international and national)	<input type="checkbox"/>	Copy of the Diploma of Higher Education and its Supplement or Academic record	<input type="checkbox"/>
Copy of declaration from the place of residence	<input type="checkbox"/>	Copy of the apostilled Health certificate (a statement on fluorography or x-ray examining results)	<input type="checkbox"/>
Copy of the document confirming the surname/name change (marriage certificate, certificate for surname/name change)	<input type="checkbox"/>	6 photos (3 * 4 cm)	<input type="checkbox"/>
		Copy of the apostilled police clearance	<input type="checkbox"/>
Copy of the apostilled document confirming secondary education	<input type="checkbox"/>	Copy of the document confirming availability of the minimum of subsistence established by law (168 lats per month in 2010)	<input type="checkbox"/>
Copy of the apostilled enclosure to the document confirming secondary education (list of marks)	<input type="checkbox"/>	Copy of the payment receipt for handling documents	<input type="checkbox"/>
Copy of the apostilled certificates of centralised exams	<input type="checkbox"/>	Copy of the payment receipt for the first semester of study	<input type="checkbox"/>
Other documents: (Please indicate which ones)			

I acknowledge and testify with my signature that the originals of documents that I submitted to the acceptance board for making their copies to create my personal record were returned to me.
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How did I find out about the Baltic International Academy?
(Please mark by 'X' the relevant source(s) of information)

The BIA information Days	<input type="checkbox"/>	TV	<input type="checkbox"/>	Friends, acquaintances, relatives	<input type="checkbox"/>
The exhibition 'School 2010'	<input type="checkbox"/>	Radio	<input type="checkbox"/>	Newspapers, magazines (.....)	<input type="checkbox"/>
Visits to schools	<input type="checkbox"/>	Internet (.....)	<input type="checkbox"/>	Other sources	<input type="checkbox"/>

I learned the 'Rules and conditions of entry to the BIA and matriculation order in 2010/2011', and I commit myself while studying at the Baltic International Academy to learn and further to comply with the internal regulations of the Baltic International Academy (Provision on the studies, rules for internal order, safety instructions and rules in the computer study rooms, etc.), and to be guided by respectful attitude both to the academy and the Latvian State.

I am notified that in case of failure to comply with the above-mentioned rules the academy has the right to consider termination of my studies there.

I agree to the use of my personal data wherever it is necessary for study process, as well as for presenting statistical data and entry of my data into the database by the Baltic International Academy acceptance board.

Hereby I testify by my signature that the data I submitted is correct and I acknowledge my above-mentioned promises and commitment.

/signature/

___/___/20___

Instruction how to fill in the Entry Application

1. Entry Application should be filled by block letters or printed.
2. Filled in Entry Application should be sent by mail or by fax (or by e-mail as attachment in JPG after scanning) to the address of the Academy.
3. This Entry Application must be returned to the Academy not later than 1 August 2010.
4. The candidate shall transfer the registration fee EUR 100 to the Baltic International academy account. Entry Applications will be evaluated only after receiving registration fee.
The fee shall be remitted to the following account:

SIA "Baltic International academy"

Lomonosova str. 4, Riga, LV 1019, Latvia

Registration No.: 40003101808

Beneficiary's Bank: A/S Swedbank

Beneficiary's account: SWIFT code: HABALV22

Account No.: LV68HABA0551003662871

or

Beneficiary's Bank: A/S Latvijas Krājbanka

Beneficiary's account: LV36UBAL1100109507001

Details of payment: Candidate's name and surname, "application fee for studies at the Baltic International academy, name of the program".

5. If the candidate does not have TOEFL (a minimum 550 (the Internet test - 70) points) or IELTS (a minimum of 5,5 points), Cambridge ESOL – FCE (First Certificate in English) or BEC II (Business English Certificate Vantage) if he/she have successfully passed such an exam, he/she has to complete the Baltic International academy English language test, which is to be done online by registering with a username and password that can be obtained from the International Education Programmes Centre (password and username will be issued only after student has paid the registration fee and has sent application documents). Language test is free of charge.

Mailing Address:

Lomonosova Street 4,
Riga, LV-1019, Latvia
International Education Programmes Centre
Baltic International academy

Phone:

(+371) 67100610 – Admission Committee
(+371) 67100554 – International Students' Office

Fax:

(+371) 67241272

E-mail: uk@bsa.edu.lv, uznemsanas.komisija@bsa.edu.lv

Web: <http://www.bsa.edu.lv>