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| Image result for aizsardz&imacr;bas akad&emacr;mija | **NATIONAL DEFENCE ACADEMY OF LATVIA**  **Short-cycle Professional Higher Education Programme**  ***Practical Military Management*** |
| APPLICATION FORM\* | |
| NAME:  SURNAME:  PERSONAL CODE:  DECLARED PLACE OF RESIDENCE:  ACTUAL RESIDENCE: E-MAIL:  PHONE NUMBER:  EDUCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  (*secondary, higher*) (*title of the educational institution*) | |

\*Filled-in form must be signed by the electronic signature and sent to the study programme director [lita.avotina@mil.lv](mailto:lita.avotina@mil.lv)

Signature

Confirmed by NDAL 09.06.2025.Academic Council meeting minutes No.46 Decision No.1