



STUDENT NUMBER*

* can be found under your photo on your ISIC card

Full Name: Date of birth:

Branch of Study: Year of Study:.....Bachelor/Master

E-mail:

Žádost o přerušení studia / Authorised Interruption of Study Request

Please provide further details of your reasons for requesting an interruption of study

Please outline your return to study plan

...../...../.....
Date

.....
Student's signature

Office Use Only

Vice-dean's Decision:

Přerušeni do maximální doby studia:/...../.....