Name of the student: …………………………….……………. Year: ………………….

Date of birth (dd.mm.yy).: ………………………… Group:…………………

Mailing address (street + no., town, post code, country):………………………………………………………………

Mobile ……………………………………... E-mail: ……………………………………………………..

Application for the Termination of Studies

I apply for the termination of study at the Second Faculty of Medicine, Charles University on the day

……………………….

………………………… ……………………………….

   date signature

The student is required to return all loans and settle all liabilities with the Department for Scientific Information before the submission of this application (confirmation is provided by the student).

ISIC: returned/not returned

Received on the day ………………………………