



**APPEAL**

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|--|--|
| <b>Applicant</b>                             |  |
| Applicant's title, first name and last name: |  |
| Date of birth:                               |  |
| Doctoral study programme:                    |  |
| Form of study (full-time/part-time):         |  |
| Address of permanent residence:              |  |
| Contact address:                             |  |
| Phone:                                       |  |
| E-mail:                                      |  |

**APPEAL**

**against the decision of the Dean of the Second Faculty of Medicine of Charles University**  
**no. .... dated..... issued in the case of admission to study in the**  
**academic year 20 /20 .**

**Justification:**

I hereby lodge an appeal under § 50 para. 111/1998 Coll., on Higher Education Institutions, against the aforementioned decision. The reason for the unlawfulness of the decision or the procedure that preceded its issue, I see in the following facts...

.....

Date

.....

Applicant signature

| <b>Records of the Department for PhD Study:</b> |  |
|---|--|
| Delivered on:                                   |  |
| Forwarded to the dean:                          |  |
| Transferred to Rector's Office on:              |  |
| Returned from Rector's Office on:               |  |
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