**STATEMENT**

**of studies termination**

As provided in provision 56 par. 1 letter a) of act No. 111/1998 coll. on universities and the change and amendment of other acts (the universities act) [[1]](#footnote-1), as later amended, hereby declare that as of ……………………………….. I am terminating my PhD studies
at the Second Faculty of Medicine, Charles University.

|  |  |
| --- | --- |
| Last name, first name and title: |  |
| Person number: |  |
| Studyprogramme: |  |
| Form of studies: full-time/part-time |  |
| Permanent residence: |  |
| Correspondence address[[2]](#footnote-2): |  |
| Phone: |  |
| E-mail: |  |

Date: .............................. Student's signature ...................................

1. clause 56 par. 2 of the universities act: The day on which the written statement of studies termination was delivered to the university of faculty where the student is enrolled shall be considered as the day of studies termination according to par. 1 letter a). [↑](#footnote-ref-1)
2. If different from permanent residence. [↑](#footnote-ref-2)