

Application form for the Interruption of Study

First name and Surname: _____

Date of Birth (dd.mm.yyyy): _____

Study Programme: _____

Year of Study: _____ Study Group: _____

Current Address: _____

Cell Phone: _____ e-mail: _____

I hereby apply for the interruption of my studies at the Second Faculty of Medicine, Charles University.

I am aware that

- ❖ the tuition fee (in a full or a proportional amount) is not refundable;
- ❖ I lose my student status during the period my study is interrupted;
- ❖ I am obliged to re-enroll into study as soon as the period for the interruption has expired (the deadline for the re-enrollment is given in the Decision).

Study is interrupted from the date of the legal effect of the Decision on Interruption of Study until

- (dd.mm.yyyy)
- the end of academic year (yyyy/yyyy)
- the end of maximum length of study

Reason for the interruption of my study:

Date of submitting the application:

Signature of applicant:

Statement of the Vice – Dean for Study:

approved rejected approved with the following requirements:

Date:

Signature of Vice - Dean: