CHARLES UNIVERSITY
Second Faculty of Medicine

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], as later amended, hereby declare that as of the day of delivery of this statement, I am terminating my doctoral studies at the Second Faculty of Medicine, Charles University.

Student's title, first name and last name:	
Person number:	
Study programme:	
Form of study: full-time/part-time	
Permanent residence:	
Correspondence address[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).
[2] If different from permanent residence.