CHARLES UNIVERSITY
Second Faculty of Medicine

Request for interruption of studies

Applicant	
Applicant's title, first name and last name:	
Date of birth:	
Doctoral study programme:	
Start of study (year):	
Contact address:	

I hereby request an interruption of my study from ……. until ……

Justification:	
Date and applicant's signature:	

Supervisor's statement:
◯ Agree ◯ Disagree for the following reasons:

Supervisor's titles, first name and last name:	
Supervisor's workplace (including address):	
Supervisor's contact details (phone, e-mail):	
Date and supervisor's signature:	

Statement of the subject area board:	
◯SAB agrees ◯SAB disagrees for the following reasons:	
Chairman of subject area board titles, first name and last name:	
Date and signature:	

Records of the Department for PhD Study:	
Delivered on:	
Forwarded to the SAB:	