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|--|--|------------------|--|
| Name and surname:                      |  | Login:           |  |
| Date of birth:                         |  | Academic year:   |  |
| Contact address in the Czech Republic: |  | Study programme: |  |
| E-mail:                                |  | Year of study:   |  |

## REQUEST

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Justification of the request:

.....

Date

.....

Student's signature

Recommendation of the Department:

Date, signature

Statement of the Vice-Dean for studies:

Date, signature

Decision of the Dean:

Date, signature