**UNIVERSITY OF HRADEC KRÁLOVÉ**

**PHILOSOPHICAL FACULTY**

**ROKITANSKÉHO 62, 500 03 HRADEC KRÁLOVÉ**

**FIRST NAME AND SURNAME ………………………………............................. STUDENT´S NUMBER …………………………………….....**

**STUDY PROGRAMME ….…………….…………………………………... FIELD OF STUDY ………………………………………..**

**APPLICATION**

**\*For additional: □ enrolment for a subject in the STAG system**

 **□ cancellation of the enrolment for a subject in the STAG system**

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| --- | --- | --- | --- | --- |
| **Subject Name** | **Subject Abbreviation** | **Day and Time of the Schedule Activity** | **Lecturer** | **Lecturer´s Signature** |
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|  |  |  |  |  |

**\**Check where applicable***

**………….…………………. ……………………………….**

**date student´s signature**