

NAME AND SURNAME

CONTACT ADDRESS

DAY, MONTH AND YEAR OF BIRTH YEAR OF STUDY

STUDY PROGRAM ID No. AT THE UNIVERSITY

NOTIFICATION OF DROPPING OUT THE STUDY

I announce that pursuant to Section 56 (1) (a) of Act No. 111/1998 Coll., on Higher Education and on the amendment of other acts, as amended, I **drop out my studies**.

I acknowledge that the date of termination of my studies is the date, on which this notice is delivered to the FF UHK.

I acknowledge that upon closure of my studies, I am obliged to immediately settle all my obligations to UHK and the faculty. If the doctoral student has entered into obligations defined by a contract and related to solution of projects, main or supplementary activity of the UHK, he/she must terminate such contract duly.

I require to send a certificate of my studies and an overview of the subjects completed:

YES NO *)

*) Mark

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date

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student's signature