



NAME AND SURNAME

CONTACT ADDRESS

DAY, MONTH AND YEAR OF BIRTH YEAR OF STUDY

FIELD OF STUDY ID 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 require to send a certificate of my studies and an overview of the subjects completed:

YES NO *)

*) Mark

.....
date

.....
student's signature