

NAME AND SURNAME:		••••••	
ADDRESS INCL. ZIP CODE (POST CODE) in the Czech Rep.:			
Phone:	TYPE OF STUDY:	bachelor/master	
UNIVERSITY ID:	FIELD OF STUDY: .		

## APPLICATION FOR CLOSING A STUDY and REGISTRATION FOR FINAL STATE EXAMS

I apply for closing my study \*
(I have all credits including thesis assessment)

 $\Box$  my study is already closed \*

 $\Box$  I apply for registration for final state exams \*

\* (check  $\otimes$  one or two options)

## I register for below mentioned final state exams:

State exam/Defence of Diploma Thesis (to fill in below)	month/year

Date: .....

Signature: .....

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