

NAME AND SURNAME:

ADDRESS INCL. ZIP CODE (POST CODE) in the Czech Rep.:

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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)

my study is already closed *

I apply for registration for final state exams *

* (check ⊗ one or two options)

I register for below mentioned final state exams:

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

Date:

Signature: