

## REGISTRATION FOR FINAL STATE EXAMS + CLOSING A STUDY IN THE ACADEMIC YEAR:.....

Name and surname: \_\_\_\_\_

Address incl. ZIP code (post code): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

University ID: \_\_\_\_\_ Field of study: \_\_\_\_\_

Type of study (bachelor/master): \_\_\_\_\_

☐ **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 Exam**

	<b>State exam/defence of Diploma Thesis</b> (to fill in below)	<b>Month/Year</b>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

By signing below, I confirm I was acquainted with the School Rules and the present general principles of health and safety at work, I understood it and will follow the instructions.: <https://www.uhk.cz/file/edee/prirodovedecka-fakulta/studium/studijni-oddeleni/dokumenty/bozp-a-pozarni-ochrana-poucen-1.pdf>.

Date and student's signature: \_\_\_\_\_