Programme

|  |  |  |
| --- | --- | --- |
| *Name:*e-mailyear of study |  |  |
| *Date and Place of Birth:*  |  |  **1st / 2nd / 3rd** |
| *Address in CZE:*   |  |  |

***REQUEST***

|  |  |
| --- | --- |
| *Subject:*  |  |

 ***Substantiation of the request:***

|  |
| --- |
|  |
| *Date:* |  | *Student`s signature:* |  |

 *Opinion of Study Department: Date and signature:*

|  |  |
| --- | --- |
|  |  |

 *Opinion of Vice-dean for Education: Date and signature:*

|  |  |
| --- | --- |
|  |  |

 ***Dean`s opinion:******Date and signature:***

|  |  |
| --- | --- |
|  |  |