



NOTICE OF WITHDRAWAL FROM STUDIES

I. PERSONAL DETAILS

Surname:	_____	First name:	_____
Degree(s):	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Telephone:	_____	E-mail:	_____

II. STUDY DETAILS

Faculty/Institute:	_____	Academic year:	_____	Year:	_____
Type of studies:	<input type="radio"/> Bachelor / <input type="radio"/> Master	Form of studies:	<input type="radio"/> Full-time / <input type="radio"/> Part-time		
Study programme, branch:	_____				

III. REQUEST DETAILS

Pursuant to Article 34, Para 7 (a) of the Study and Examination Rules for Students at CTU in Prague, I hereby withdraw from the studies at CTU in Prague in the aforementioned study programme at the given faculty/institute.

Reasons (optional):

_____	_____
Date	Student's signature