



REQUEST TO EXTEND/REDUCE INTERRUPTION OF 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

Current interruption granted (from-to):	_____
Newly requested end date of interruption:	_____
Reasons for request:	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>
_____	_____
Date	Applicant's signature

IV. DECISION OF DEAN/DIRECTOR

<input type="radio"/> I grant the request	
<input type="radio"/> I reject the request for the following reasons:	_____
_____	_____
Date	Signature of dean/director