



# 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:

I waive my right to appeal yes / no

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's signature

## IV. DECISION OF DEAN/DIRECTOR

I grant the request

I reject the request for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of dean/director