



THIRD FACULTY
OF MEDICINE
Charles University

Surname and name: **Date of birth:**.....

E-mail address: **Year of study:**

Address: **Mobile phone No.:**

Application for interruption of study (gap year)

I am asking for interruption of my studies from.....until.....

Reason: HEALTH*
FAMILY*
PERSONAL*
OTHERS*

Please specify your reason:

Relevant attachment supporting my reasons for interruption of study:

.....

In Prague on

Signature:.....

Decision of the Dean (Vice-Dean) of the Faculty:

* mark the correct option, eventually fill in another reason