



Charles University
Third Faculty of Medicine
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Name: **Date of birth:**.....

Email address: **Year of study:**

Address: **Mobile phone No.:**

Application for interruption of study

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

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