

Student's Surname:First Name
Date of birth:Year of studies:.....
address:
e-mail address:.....phone: (mobile).....

APPLICATION

for _____ **Individual study plan** _____

reason:

We have a small daughter who was previously guarded by our parents, but later due to health reasons they couldn't and I did not manage to fulfill all study obligations, and so I'm asking for an individual study plan for the academic year 2015/2016, when I want to finish subjects of the 3rd year.

Academic year 2014/2015

***Czech Language – communication with the Patients
Microbiology, Immunology and General Infectology
Microbiology, Immunology and General Infectology - microbiology
Microbiology, Immunology and General Infectology - general infectology
Microbiology, Immunology and General Infectology - immunology
Hygiene, Epidemiology and Preventive Medicine III.
Propedeutics in Medicine
Propedeutics in Surgery***

Academic year 2015/2016

***Hematology and Oncology
General Foundations of Pathology and Pathophysiology
General Pharmacology
Imaging Methods
Medical Ethics and Humanities
Public Health and Medical Law***

Birth certificate of my daughters is attached.

.....
Date

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Student's Signature

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Opinion of relevant head of department:

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

Signature, Date: