



**Charles University in Prague
Third Faculty of Medicine
Ruská 87, 100 00 Praha 10
tel.: +420 267 102 206**

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**financial**.....*

Please specify your reason:

I am not able to finance my studies due to illness of my father, and so I'm asking for interruption for one year when I'd try to earn proper amount and then I'll return to finish the school.

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