



**Charles University in Prague
Third Faculty of Medicine
Ruská 87, 100 00 Praha 10
tel.: 267 102 111**

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 until

Reason: **HEALTH***
 FAMILY*
 PERSONAL*
 OTHERS

Please specify your reason:

I had a surgery two weeks ago and I have to stay at home for some more tests. Please find attached confirmation from my physician. Therefore I would like to interrupt my study and fulfill the missing subjects next year. I'm fully aware that I have to pay for the whole academic year.

Relevant attachment supporting my reasons for interruption of study:

- ***confirmation from my physician that I had a surgery 2 weeks ago***
- ***confirmation that I have more tests coming***

In Prague on Signature:.....

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

* mark the correct option, eventually fill in another reason