



**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 – gap year

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

Reason: HEALTH*
 FAMILY*
 PERSONAL*
 OTHERS*

Please specify your reason:

I worked very hard last year and I feel that I need some brake so I want to have a gap year from October 2015 till September 2016 to be able to travel or work. I fulfilled all study obligations from last academic year.

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