



REQUEST TO INTERRUPT STUDIES

I. PERSONAL DETAILS

Surname:	_____	First name:	_____
Degree(s):	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Telephone:	_____	E-mail:	_____

II. STUDY DETAILS

Faculty/Institute:	_____	Academic year:	_____	Year:	_____
Type of studies:	<input type="radio"/> Bachelor / <input type="radio"/> Master	Form of studies:	<input type="radio"/> Full-time / <input type="radio"/> Part-time		
Study programme, branch:	_____				

III. REQUEST DETAILS

I request interruption of studies for the period (from-to): _____

The total period of interruption is (number of semesters): _____

Reasons for request:

I waive my right to appeal yes / no

_____ _____

Date Applicant's signature

Please note

- The interruption of studies is regulated by Article 13, Para 3 to 8 of the Study and Examination Rules for Students at CTU in Prague (SER). The minimum period of interruption is one semester. During the interruption, the person does not have a student status. In the course of the examination period, studies may be interrupted only for serious reasons. Also interruption of studies cannot be granted in case when, after resuming the studies after an interruption, the student's studies would be immediately terminated pursuant to Section 56, Para 1 (b) of Act No. 111/1998 Coll. and Article 34, Para 7 (b) of SER.
- With the exception of serious reasons (in particular health reasons), studies may be interrupted only after successful completion of the first academic year.

IV. DECISION OF DEAN/DIRECTOR

I grant the request, the studies shall be interrupted for the period (from-to): _____

I reject the request for the following reasons: _____

_____ _____

Date Signature of dean/director