TOMAS BATA UNIVERSITY IN ZLIN
Faculty of Applied Informatics

APPLICATION

Name and surname: Year of study:
Degree studies/course: Personal ID number:
                                                Data box ID:

Degree studies: Bachelour's*   Mode of study: full-time*
                       Master's*   part-time*
                       Doctoral*

☐   I want to use e-communication via the study email address**

Subject of the application:

Reasons supporting the application (page 2 can also be used):

List of enclosures supporting the application:

……………………………………………..   …………………………………………
            Date   Student's signature

Recommendation of the Head of the Department /of the Vice-Dean/of other persons in charge of the matter (depending on the subject of the application):

Dean's decision

** If not marked, the address from the IS/Stag will be used to deliver the written answer