

Request for the Interruption of Studies

First Name, Last Name(s), Academic Degree(s):

Student Identification Number:

Degree Program:

Degree Course:

Form of Studies:

Supervisor/Consulting Supervisor:

Entry to Doctoral Studies:

I would like to ask for an Interruption of Studies from: to:

Grounds of Request:

Zlín, Date

.....
Student's Signature

Supervisor's Standpoint:

.....
Date and Supervisor's Signature

Study Program Board's Standpoint:

.....
Date and SPB Chair's Signature

Training Centre's Standpoint:

.....
Date and Dean's Signature

The Request is submitted to the Research and Development Activities Department.