**Request for the Study Leave/Holidays**

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

Student Identification Number:

Degree Program:

Academic Year:

Supervisor/Consulting Supervisor:

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In accordance with Article 3, Par. 1-3 (The announcement of the holiday) of Dean's Directive SD/09/17, **I announce** **that I will not be at my workplace at Faculty of Applied Informatics during my holidays** from: ………......…….. to: …….…..........…… .

(max. 5 weeks).

I have already taken ........... days of Holidays in this academic year.

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In accordance with Article 3, Par. 4, of Dean´s Directive SD/09/17(Granting of Study Leave) **I request the granting of a study leave lasting** from: .…........…….. to: ….…..........……... .

(max. 3 weeks).

I have already taken ........... days of Study leave in this academic year.

**Grounds of Request:**

Zlín, Date **……………..……..** ……………………………………. Student´s Signature

**Supervisor´s Standpoint:**

……………………………………. Date and Supervisor´s Signature