

## 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.

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

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### Supervisor's Standpoint:

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Date and Supervisor's Signature

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