

WITHDRAWAL FROM STUDY

Name and surname:

Year: ☐ BcA. / ☐ MgA. / ☐ Doctoral Studies

Studio:

I would like to request a withdrawal from my studies effective (date) .

In the case of transferring to another university, please provide **the name and location of the new university in the Czech Republic**:

Student's signature:

Properly filled and signed form, send it as an attachment to the email or by mail to the Study Department of FUD, Pasteurova 1500/9, 400 96.