

# 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:

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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.