|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name, surname: | ................................................. | Study programme / study field/ specialization: | ......................................... | |
| Person’s number (UKČO):\* | (to be found in SIS personal data or under ISIC photo) |  | …………………………. | |
| Date of birth: | ................................................. | Year of study: | ………………………… | |
| Address incl. postcode: | .............. .............................................................................................................................. | | |
| Tel. no. (mobile): | ................................................. | E-mail: ...............................@............................... | |

**All requests related to the studies should be addressed to the Student Services Office of FSV UK through the post room!**

**REQUEST FOR INTERRUPTION OF THE STUDY**

In accordance with Article 6 para 1 of the Study and Examination Regulations of Charles University (hereinafter referred to as “SZŘ UK”) the study may be repeatedly interrupted at the student’s request or ex officio. With the exception of very serious, especially health-related reasons, the study may be interrupted **no earlier than in the second segment of the study** if the segments of study consist of individual years or in the third segment of the study if the segments of study consist of semesters.

In accordance with Article 6 para 2 of SZŘ UK I hereby file a request for interruption of the study due to:

☐ A) Pregnancy, childbirth or parenthood, or in connection with the custody of a child replacing the care of parents on the basis of a decision of the competent authority in accordance with the Civil Code or legislation governing state social support for the same duration as maternity or parental leave.

☐ B) Participation in the representation of the Czech Republic in the sports field or due to the necessary preparation for it and I accompany the request with a confirmation of this fact issued by the sports organization representing this sports field in the Czech Republic.

☐ C) For serious health reasons. (Doctor’s confirmation or medical report required).

☐ D) I have fulfilled my obligations in the given segment of study and have not started my studies in the following segment of study.

Date Student’s signature

Statement of the Student Services Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement/decision of the Vice-Dean for studies: I APPROVE – I DO NOT APPROVE

Further comments:

Signature/date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean’s decision: I APPROVE – I DO NOT APPROVE

Signature/date: