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| --- | --- | --- | --- |
| Name, surname: |   | Study programme/ study field/ specialization: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of birth: |   | Year of study: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: |  Postcode  |
| Tel. no. (mobile): |   | E-mail @  |

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

# TERMINATION OF STUDY

**I declare that I am terminating my studies at the Faculty of Social Sciences of Charles University.**

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Date: Student’s signature:

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

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