**Surname, first name, title:**

**Date of birth:**

**Personal number:**

**Study programme / field:**

**Form of study: full-time – combined**

**Address of permanent residence:**

**Mailing address1:**

**Telephone:**

**E-mail:**

**DECLARATION**

**of withdrawal from study**

In compliance with  the provision of Section 56 Subsection 1 Inset (a) of Act Nr. 111/1998 Coll., on schools  of higher education and amendment of other acts, in its current valid wording (Higher Education Act) 2, I thereby declare that I withdraw from study at First Faculty of Medicine of Charles University

in the study programme / field: ...........................................................................,

Date: Student’s signature:

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Before placing the declaration of withdrawal from study, the student is obliged to return all borrowed items and settle all claims with the Institute of Scientific Information, First Faculty of Medicine, Charles University and General University Hospital in Prague (the student shall enclose the proof with this Declaration).