Applicant’s name:

Department / Workplace:

Study branch:

Supervisor:

Requested termination of study[[1]](#footnote-1) valid as of:

Address of doctoral student:

Signature of doctoral student:

# Confirmation of

# Discharge of Obligations and Duties

First name, surname:

Date of birth:

We confirm that the above named does not have any obligations towards our institution.

|  |  |  |
| --- | --- | --- |
|  | **stamp, signature** | **date** |
| **Central Library of the CTU** |  |  |
| **Department / workplace** |  |  |
| **Service Facilities Administration of CTU Strahov** |  |  |
| **College Administrative Building and Student Center***(returning the student’s ID card)* |  |  |
| **IT Center of FEE***(returning the chip)* |  |  |

1. Attached is a confirmation of discharge of obligations and duties. [↑](#footnote-ref-1)