

**REQUEST
FOR TERMINATION OF DOCTORAL STUDY**

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In Prague on

Applicant's name:

Department / Workplace:

Study branch:

Supervisor:

Requested termination of study¹ valid as of:

Address of doctoral student:

Signature of doctoral student:

¹ Attached is a confirmation of discharge of obligations and duties.

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 <i>(returning the student's ID card)</i>		
IT Center of FEE <i>(returning the chip)</i>		