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| **CHARLES UNIVERSITY** **Faculty of Humanities** Pátkova 2137/5, 182 00 Praha 8 |

Surname, name and title:

Birthdate:

Study program / field:

Form of study: full-time - combined

Address of permanent residence:

Postal address:

Phone:

E-mail:

**Notice of withdrawal from study**

In accordance with Article 56 (1) (a) a) ofAct No. 111/1998 Sb., to regulate higher education institutions and to change and amend other laws (“the Higher Education Act”), as amended**, I hereby declare that I am leaving studies at the Faculty of Humanities, Charles University**.

in the study program / field ......................................................................................................

Date:………………… Student's signature …………………………