|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Surname  |       |  | Study year |       |
| Date of Birth  |       |  | Study programme |       |
| ID number in KOS (rodné číslo) |       |  | Degree: Bachelor/Master |       |
| Contact Address |       |  | St. branch/spec. |       |
| E-mail/Phone  |       |  | Number of Study group |       |

**REQUEST**

Reasoning of request:

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|       |

 Date Signature of Student

Department recommendation: