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| **Charles University****Faculty of Social Sciences****Smetanovo nabrezi 6****110 01 Prague 1****Czech Republic** |

Surname, name and title:

Date of birth:

Student ID:

Study programme/ study field:

Form of study: full time/ combined

Permanent address:

Contact address[[1]](#footnote-1):

Phone:

E-mail:

**S T A T E M E N T**

**of termination of studies**

According to section 56 (1) (a) of Act No. 111/1998 Sb., to regulate higher education institutions and to change and amend other laws ("The Higher Education Act"), I hereby confirm, I terminate my studies at the Faculty of Social Sciences, Charles University.

in the study programme ...........................................................................,

study field ....................................................................................................................................,

Date:………………… Signature of the student …………………………

1. If the adresses differ. [↑](#footnote-ref-1)