

Application for Individual Study Plan

Name of the student: _____

Date of birth: _____

Year: _____ **Group:** _____

Mailing Address: _____

Mobile: _____ **E-mail:** _____

Average study results in single years (completed by the Study Department):

- 1.
- 2.
- 3.
- 4.
- 5.

Repeating of the subject: yes - no

Repeated subjects: _____

Interruption of study: yes - no

Application for Individual Study Plan

Date of submitting the application:

Signature of the student:

Statement of the Vice-Dean:

yes no

Date: