


Student's Request

Name(s) and surname: <i>Minh Nghia Chung Nguyen</i>		Login: <i>CHUC097</i>	Deliver the Request to Study Office of FEECS, or send by post to address: VSB-TUO, FEECS 17. listopadu 2172/15 708 00 Ostrava-Poruba Czech Republic
Date of birth: <i>Oct 11, 1999</i>			
Contact address	Street and number: <i>Studentská 11770</i>		
City: <i>Ostrava - Poruba</i>	Post Code: <i>70800</i> Country: <i>Czech Republic</i>		
Type of study: <input type="checkbox"/> doctoral <input checked="" type="checkbox"/> bachelor's <input type="checkbox"/> f. master's	Academic year: 2019/2020 Year: 2 Programme: Branch: Specialization:		
Form of study: <input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time			
I am applying for repetition of 2 nd class in academic year 2020/21.			
Date: <i>18. 06, 2020</i>		Student's signature: 	

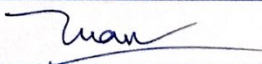
Recommendation of Department/Supervisor (Ph.D.)

<input type="checkbox"/> I recommend granting the request	<input type="checkbox"/> I do not recommend granting the request
Comments:	
Date:	Signature:

Decision of Vice-dean/Doctoral studies board/Dean

<input type="checkbox"/> I grant the request	<input type="checkbox"/> I reject the request	<input type="checkbox"/> I acknowledge
Comments:		
Date:	Signature:	

Student's Request

Name(s) and surname: TUAN NGUYEN THANH		Login: NGUO120	Deliver the Request to Study Office of FECS, or send by post to address: VSB-TUO, FECS 17. listopadu 2172/15 708 00 Ostrava-Poruba Czech Republic
Date of birth: 26/02/1999			
Contact address	Street and number: 08,1B Street, Phu Huu Ward, District 9		
City: Ho Chi Minh City	Post Code: 700000 Country: Vietnam		
Type of study: <input type="checkbox"/> doctoral <input checked="" type="checkbox"/> bachelor's <input type="checkbox"/> f. master's	Academic year: 2019/2020 Year: 2 Programme: Branch: Specialization:		
Form of study: <input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time			
I am applying for repetition of 2nd class in academic year 2020/21.			
Date: 18/06/2020		Student's signature: 	


Recommendation of Department/Supervisor (Ph.D.)

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Comments:	
Date:	Signature:

Decision of Vice-dean/Doctoral studies board/Dean

<input type="checkbox"/> I grant the request	<input type="checkbox"/> I reject the request	<input type="checkbox"/> I acknowledge
Comments:		
Date:	Signature:	

Student's Request

Name(s) and surname: Tuan Vu Bui		Login: Bui0016	Deliver the Request to Study Office of FEECS, or send by post to address: VSB-TUO, FEECS 17. listopadu 2172/15 708 00 Ostrava-Poruba Czech Republic
Date of birth: 05/05/1999			
Contact address	Street and number: Studentská 1/1770		
City: Ostrava - Poruba	Post Code: 70800 Country: Czech Republic		
Type of study: <input type="checkbox"/> doctoral <input checked="" type="checkbox"/> bachelor's <input type="checkbox"/> f. master's	Academic year: 2019/2020 Year: 2 Programme: Branch: Specialization:		
Form of study: <input checked="" type="checkbox"/> full-time <input type="checkbox"/> part-time			
I am applying for repetition of 2 nd class in academic year 2020/21.			
Date: 18/06/2020		Student's signature: 	

Recommendation of Department/Supervisor (Ph.D.)

<input type="checkbox"/> I recommend granting the request	<input type="checkbox"/> I do not recommend granting the request
Comments:	
Date:	Signature:

Decision of Vice-dean/Doctoral studies board/Dean

<input type="checkbox"/> I grant the request	<input type="checkbox"/> I reject the request	<input type="checkbox"/> I acknowledge
Comments:		
Date:	Signature:	