



UNIVERSITY OF VETERINARY SCIENCES BRNO
Faculty of Veterinary Medicine
Admissions and Study Office

NOTIFICATION

**of student's intention to terminate their studies at the Faculty of Veterinary Medicine
of the University of Veterinary Sciences Brno at their own request**

Name:

Date of Birth:

Student Identification No:

Study Programme:

Year of Study:

Reason for Request:

In accordance with Section 56 (1) and (2) of Act No. 111/1998 Coll., on Higher Education Institutions and on Amendments and Supplements to Some Other Acts (The Higher Education Act), as amended, and Article 20 (3) of the Study and Examination Regulations of the University of Veterinary Sciences Brno, I hereby notify the Dean of the Faculty of Veterinary Medicine of my intention to terminate my studies at the faculty. I understand that the date when my studies are terminated shall be the date when this written notification of my intention to terminate my studies is delivered to the Study Office.

Signature and date:

.....

Notification received by the Study Office of the Faculty of Veterinary Medicine –

Name of Study Officer:

Signature and date:

.....

Course of study document issued to student –

Signature confirming receipt of this document:

Date: