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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: