

OFFICE OF THE UNIVERSITY REGISTRAR

Londýnská 41, 120 00 Prague 2, Czech Republic

Email: registrar@unyp.cz



Interruption of Study

Student Details

Student Full Name: _____ ID Number: _____

E-mail Address: _____ Program / Major: _____

Interruption Details

Effective Date of Inter. (dd.mm.yyyy): ____/____/____

End Date of Interruption (dd.mm.yyyy): ____/____/____

Reason for Interruption (tick please one box only)

<input type="checkbox"/>	Academic reasons	<input type="checkbox"/>	Health reasons	<input type="checkbox"/>	Employment
<input type="checkbox"/>	Financial reasons	<input type="checkbox"/>	Maternity leave	<input type="checkbox"/>	Personal reasons
<input type="checkbox"/>	Other (please specify): _____				
<input type="checkbox"/>	Study Abroad (name, country): _____				

I confirm that the information I have given is correct to the best of my knowledge and that I fully understand the implications of interrupting from my current program, in accordance with UNYP's Policies and Procedure.

Student's Signature: Date:

TO BE COMPLETED BY ACADEMIC ADVISOR

Comments/Recommendation:

Academic Advisor's Name and Signature: Date:

TO BE COMPLETED BY UNYP ADMINISTRATION

Step 1: Library (Londýnská 32)

Staff Member's Name: Date:

Comments:

Signature & Stamp

Step 2: Accounting office (5th floor)

Staff Member's Name: Date:

Comments:

Signature & Stamp

Step 3: International Office / Student Affairs (4th floor) – visa students only

Staff Member's Name: Date:

Comments:

Signature & Stamp

Step 4: Office of the Registrar (4th floor)

Staff Member's Name and Signature: Received on:

Staff Member's Name and Signature: Entered on: