



Surname and name

Year of study//Study program//.....

Address for service of documents (Section 71(3)(c) of the Act):

Street No.:

City: Postcode:

Telephone: University e-mail:

REQUEST to the Dean of the faculty

for

Justification:

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Annex:

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In Bratislava on

Student's signature

DECISION of the Dean of the faculty:

APPROVAL / DISAPPROVAL

.....
Dean's signature

