



**STUDENT NUMBER\*** .....

\* can be found under your photo on your ISIC card

Full Name: ..... Date of birth: .....

Branch of Study: ..... Year of Study:..... Bachelor/Master

Phone number:..... E-mail: .....

### **Žádost o uznání předmětu / Request for Subject Recognition**

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**I am asking for recognition of:**

Course code: ..... Course name: .....

Outcome (C, MC – 1, 2, 3, Ex – 1, 2, 3): .....

Teacher's name: .....

**I have fulfilled:**

Course code: ..... Course name: .....

Outcome (C, MC – 1, 2, 3, Ex – 1, 2, 3): .....

Teacher's name: .....

Fulfilled at Charles Uni., Faculty of Physical Education and Sport on ...../...../.....

Fulfilled at other faculty of Charles University on ...../...../.....

Date: ...../...../..... Student's signature: .....

**Guarantor's decision:** uznat/recognise OR neuznat/reject

Date: ...../...../..... Signature: .....

**Vice-Dean's decision:**

Date: ...../...../..... Signature: .....