

**Charles University**  
**Faculty:**

**Academic year:**  
**Unit of study:**

**Type of study:**  
**Programme of study:**  
**Field of study:**  
*Double curriculum study:*  
*Specialization:*  
**Form of study:**  
**Language of instruction:**

**Commencement of study:**  
**Reference number:**  
**File number:**  
**Commencement of interruption:**

**REGISTRATION SHEET OF A STUDENT AFTER INTERRUPTION OF STUDY**

<b>Surname:</b>	<b>Name:</b>	<b>Title:</b>
<b>Surname at birth:</b> <b>Marital status:</b>	<b>Birth number:</b>	
<b>Date of birth:</b>	<b>Gender:</b>	
<b>Place of birth:</b>	<b>State citizenship:</b>	
<b>Permanent address:</b> Street / No.: Town / Municipality: Postal code:		
<b>Mailing address:</b> Street / No.: (dormitory if applicable) Town / Municipality: Postal code: Data box: e-mail: Phone n.: ++420		
<b>Number of coupon of the Student ID Card:</b> <b>Bank Account No. (mandatory for doctoral students):</b>		
I hereby declare that: <ul style="list-style-type: none"><li>• I am aware of the fact that by this registration I become a student of the _____ of Charles University under section 61 (1) of Act N. 111/1998 Sb., on higher education, as amended (“HEA”);</li><li>• I am aware of the duty of a student under s. 63 (2) HEA to observe internal regulations of Charles University and the _____. Their text is available at <a href="https://www.cuni.cz/UK-104.html">https://www.cuni.cz/UK-104.html</a>.</li><li>• All data provided herein are true and correct; I have disclosed all important facts and I am aware of all consequences resulting from the failure to disclose them and/or provide true and correct data especially in relation to s. 63 (3) b) and subsection (4) HEA).</li></ul>		

Date of registration:

Registration stamp:

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Student's signature

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