

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:

REGISTRATION OF A STUDENT FOR A SUBSEQUENT UNIT OF STUDY

Surname:	Name:	Title:
Surname at birth:	Birth number:	
Marital status:		
Date of birth:	Gender:	
Place of birth:	State citizenship:	
Permanent address: Street / No.: Town / Municipality: Postal code:		
Mailing address: Street / No.: (dormitory if applicable) Town / Municipality: Postal code: Data box: e-mail: Phone n.: ++420		
Number of coupon of the Student ID Card: Bank Account No. (optional):		
I hereby declare that all data provided are true and that I have disclosed all important facts and information. 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) of the Higher Education Act, as amended.		

Date of registration:

Registration stamp:

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Student's signature

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