First name and surname: Study group:

Date of birth:

Address:

Contact (mobile, e-mail):

**Notification of termination of studies**

Thereby, I declare that by the date of placing this Notification I leave the studies in the field

……………………………………………………………………………………..

at Charles University – the First Faculty of Medicine

Date: Student’s signature

Before placing this Notification, the Student is obliged to settle all obligations and return all loans concerning the Institute of Scientific Information of the First Faculty of Medicine and General Teaching Hospital (enclosing a proof of it therewith).

Received by …………………………………….. on (date) ………………………………

ISIC: returned / not returned