



# REQUEST TO RECOGNIZE SUBJECTS

## I. PERSONAL DETAILS

Surname:	_____	First name:	_____
Degree(s):	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Telephone:	_____	E-mail:	_____

## II. STUDY DETAILS

Faculty/Institute:	_____	Academic year:	_____	Year:	_____
Type of studies:	<input type="radio"/> Bachelor / <input type="radio"/> Master	Form of studies:	<input type="radio"/> Full-time / <input type="radio"/> Part-time		
Study programme, branch:	_____				

## III. REQUEST DETAILS

I request recognition of subjects which are listed in the appendix and which I completed in the academic year/years: \_\_\_\_\_

I completed the subjects at:

The same faculty of CTU in Prague

Other faculty of CTU in Prague (provide the name): \_\_\_\_\_

Other university (provide the name): \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's signature

### Please note

- Credits for recognized subjects are not included in the number of earned credits necessary for the continuation of studies.
- The period since completion of the subjects the recognition of which is requested by the student must not exceed five years.
- Recognition of subjects may be subject to other rules stipulated by internal regulations of faculties/institutes.

### Appendices

- Recognition sheet(s).
- Certificate of completed subjects.
- Information on content of completed subjects (only in case the recognition of subjects from another CTU faculty or another university is requested).

## IV. DECISION OF DEAN/DIRECTOR

With the recognition of subjects listed on the recognition sheet:

I agree. I recognize a total of \_\_\_\_ credits and enlist the student in year \_\_\_\_, branch: \_\_\_\_\_

I do not agree for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of dean/director