

**Reduced timetable request form**

Administrator’s name:

Administrator’s contact:

Request ID:

**Dear Faculty Academic Committee!**

Name of student:

Student ID:

Training:

Faculty:

Programme:

Year of entrance:

Division:

Place of training:

According to 27.§ (1) of Studies and Exams Code the student can get reduced timetable for defined period, not mor than 2 terms.

|  |  |
| --- | --- |
| **Term (last 2 terms** | **Grade point average** |
|  |  |
|  |  |

**Tick the one concerning you! Attachments to be enclosed**

|  |  |  |
| --- | --- | --- |
| 1. | I have an outstanding theoretical / practical performance in a professional field | justificatory documents |
| 2. | I do scientific work recognised on national and international level | justificatory documents |
| 3. | I am an outstanding sportsman on national and international level | justificatory documents |
| 4. | I was invited for term(s) abroad or scholarship | in case of organised by the University: learning agreement; in case of individual organisation: permission of KTB |
| 5. | I have social and medical reason requiring special appreciation | justificatory documents |
| 6. | I am member of parliement or representative of local government, leader or civil servant | justificatory documents |
| 7. | I am member of leadership of Students’ Council of the University/Faculty | certificate issued by SCU/SCF  |
| 8. | I study parallely1. in another higher education institute
2. on another faculty
 | 1. certified copy of the credit book
2. b) paper of completed course of the last term
 |
| 9. | I take part in dual or cooperative training | justificatory documents |

Please, list the subjects from which you would like to get reduced timetable:

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic year and term**  | **Name of subject** | **Neptun code of subject** | **Name of department and subject leader** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

By submitting the request I acknowledge the conditions of Studies and Exams Code concerning my request.

Date: , 20 . month day

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of student

**Permitted / Not permitted**

Date: , 20 . month day

**………………………………………….**

 vice-dean