

Surname and Given Name .....  
Date of Birth (Date, Month, Year)..... Term/Year of study .....  
Study Programme.....  
Contact Address and Postcode .....  
Phone No. .... E-mail .....  
In ..... Date .....

UPJS in Košice  
Faculty of Medicine  
Trieda SNP 1  
040 11 Košice

## REQUEST FOR INTERRUPTION

In accordance with Article No. 19, paragraph 1, of Study Rules and Procedure of Pavol Jozef Šafárik University in Košice, the Faculty of Medicine, I request an interruption of my studies in the study year ..... of the study programme ..... for the period of ..... year/s due to the\*:

- maternity leave (a birth certificate of child must be attached)
- health reasons (a medical report must be attached)
- stay abroad
- personal reasons

.....  
Signature of Student

### Attachments:

- Leaving form (confirmation of the settlement of all obligations towards UPJS)
- Medical report (in case of health reasons)

Student has fulfilled – unfulfilled\* the terms of his/her interruption and his/her study has reached ..... credits

Signature of Study Referee .....

---

The decision of a vice-dean in charge of Educational Activities:

Interruption of study                       - accepted                       - not accepted

Date: .....

Signature: .....

---

\*Select as appropriate