**Faculty of Physical Culture**

**Palacký University Olomouc**

**International Relations Office**

**třída Míru 117**

**771 11 Olomouc, Czech Republic**

**Request Form**

**Name and Surname**

**Date of birth**

**Personal Identification Number**

**Address, Postal Code**

**E-mail, Telephone**

**Study Programme**

**Field of Study**

**Year of Study**

**Form of Study**

**I hereby request:**

**Rationale:**

**Date:** Signature

**Approvals:**

**Chairperson of Subject Area Board:**

I do/do not approve Date, Signature

**Dean:**

I do/do not approve Date, Signature