



Application for recognition of the subjects

I. PERSONAL DATA

Surname:	_____	Name:	_____
Title/s:	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Phone:	_____	E-mail:	_____

II. ACADEMIC DATA

Faculty/institute:	_____	Academic year:	_____	Year:	_____
Type of study:	<input type="radio"/> bachelor / <input type="radio"/> master	Form of study:	<input type="radio"/> regular / <input type="radio"/> combined		
Study program, branch:	_____				

III. APPLICATION DATA

I request recognition of the subjects listed in the enclosure which I passed in academic year(s): _____

I passed the subject/s at:

the same faculty of CVUT in Prague

other faculty of CVUT in Prague (state which): _____

other university (state which): _____

Date

Signature of the applicant

Notification

- Credits for the recognised subjects are not offset to the number of gained credits necessary for continuation of study.
- The period which passed since fulfilling the subjects, recognition of which the student is asking for must not exceed 5 years.
- The application for recognition of the subjects is governed by the Order of the rector (payment for extraordinary and above standard acts pursuant to art. 11a of Status of CVUT). The fee is CZK 25 for each subject (in case of subjects passed at CVUT during new acceptance or transfer within CVUT) or CZK 60 for each subject (in case of subjects passed at a different university). The application must be accompanied by the certificate of payment.
- Other rules pursuant to the internal regulations of the faculties/institutes can be applied on the recognition of subjects.

Enclosures

- Recognition sheet/s
- Confirmation of passed subjects.
- Information on the content of passed subjects (only in case of application for recognition of subjects from another CVUT faculty or university).
- Certificate of payment of the fee.

V. DECISION OF THE DEAN/DIRECTOR

With recognition of the subjects listed on the acceptance sheet I:

Agree. In total I recognise _____ credits and I enlist the student to _____ year branch: _____

Disagree. Due to: _____

Date

Signatures of the Dean /Director