**Appeal against the dean’s decision on non-admission to study**

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| Identification data: | Name: | | Surname: |
|  | Faculty: Science | | University number: |
|  | Study programme: | | |
|  | Mode of study: 🞏 full-time 🞏 part-time  Type of study programme: 🞏 Bachelor‘s 🞏 Master‘s | | |
|  | Contact address (including zip code and country): | | |
|  | Provide a contact address only if it differs from the address you provided in your electronic application | | |
| Specification of the decision on non-admission to study: | Dated: | | |
|  | Academic year: 2024/2025 | | |
|  | I hereby appeal against the above decision on non-admission to study pursuant to Section 50(6) of Act No. 111/1998 Coll., on Higher Education Institutions and on Amendments and Supplements to Other Acts (Higher Education Act), as amended. | | |
| Grounds for appeal: | Fill out: | | |
|  | Date: | Applicant’s signature: | |