

## Appeal against a Decision on fees related to studies in a foreign language (hereinafter referred to as “Decision”)

Surname, name: ..... Date of birth: .....

Contact address: .....

Reference No. of the Decision: ..... dated: .....

Faculty: ..... Year of study: ..... Study sub-programme: .....

Hereby I appeal against the Decision and I request (mark the applicable option):

**waiver of the fee**    **reduction of the fee**    **deferral of the fee**    **division of the fee in several payments**

For the following reasons (mark the applicable option):

extraordinary difficult social, health or family situation (brief reason needs to be documented by e.g. a medical report, confirmation of receipt of social benefits, death certificate in case of parent´s death, etc.)

receipt of social scholarship or scholarship to a student studying in a foreign language in order to support study in the Czech Republic (to be documented by the faculty´s or Department of International Relations´ relevant decision)

extraordinary professional or social representation of UCT Prague (to be documented by confirmation by the faculty)

payment of fee for study in a language and professional preparatory programme within lifelong learning preparing for study in study programmes accredited at UCT Prague in this academic year

other extraordinary reasons (describe below)

Attached documents:

Date: .....

Student´s signature: .....

### Dean´s recommendation in the matter:

I recommend to charge the assessed fee

I recommend to waive the fee

I recommend to reduce the fee to: .....

I recommend to defer the fee until: .....

I recommend to divide the fee in the following payments:.....

Date: .....

Dean´s signature: .....

### Rector´s decision in the matter:

Date: .....

Rector´s signature: .....