



## GRADUATE'S CLEARANCE SHEET

<b>Study program</b>	General Medicine	Dentistry	<b>Academic Year</b> 20__ / 20__
<b>Name</b>			
<b>Address</b>			

1.

**Scientific Information Center**

(Library, alej Svobody 76. Pilsen)

obligations settled

date and signature:

2.

**Exit medical examination**

3.

**ISIC card**

returned

not returned

.....  
(graduate's signature)

