

WS / x SS /

**STUDIO ...**

room ...

**... / ...**

department / parallel class

Student's Name and Surname

Student's Identification Number and Username

Email

Mobile phone

Please check the Studio choice:

ERASMUS+ / EXCHANGE **AU**: AT1 (WS), AT2 (SS), ATV // MA **AU**: ATS1 ATU ATVZ ATRN ATV DS DP1

ERASMUS+ / EXCHANGE **LA**: ATL1 (WS), ATL2 (SS), ATVL // MA **LA**: AT4 AT5 AT6 ATVL DSL DPL

ERASMUS+ / EXCHANGE **D**: ATD1 (WS), ATD2 (SS), ATVD // MA **D**: AD4 AD5 AD6 ATVD DSD DPD

1. I agree with the entry of the above-mentioned subjects into the KOS information system.
2. I shall use digital map sources only for semestral project purposes.
3. I agree with the rules of publication: Any publication of school project has to be marked with name of the head of studio and name of the faculty (FA CTU in Prague).
4. I agree with rules regulating the use of faculty building.

5. Any other conditions of the studio.

Date and Signature / Student

Studio Project Assignment Specifications

Date and Signature / Head of Studio

Date and Signature / Student

Any additional information and agreements:

The completed and signed form is archived by the head of the studio.

Please hand over a copy to the department's secretaries who shall carry out the entry into the KOS system.

Please report any changes to department's secretaries immediately.