Faculty of Architecture

International Office Thákurova 9, 166 34 Prague 6, Czech Republic



Application for the State Examination

Architecture and Urbanism

NAME AND SURNAME:					
DATE OF BIRTH:					
I declare that I have fulfilled all the necessary conditions and successfully completed the following prescribed courses:					
	Code Cour		ourse	Classification	Date
	500DA3-4	III/IV History of Architecture			
	500U4	Urbanism IV –	Design		
	500UP1 Planning I – U		ban Planning		
	500NS5	Building Theor	y V		
l:	n Prague				
11	n Prague			Student's signature	

After completing this form, submit it to the International office.