



Application for the State Examination

Landscape 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:

Course	Course	Classification	Date
500LP1	Landscape Planning I		
500U4	Urbanism IV – Design		
500UP1	Planning I - Urban Planning		
500TKZ4	Landscape Architecture IV		

In Prague

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Student's signature

After completing this form, submit it to Kristýna Sedlaříková MA at the International office.