



Application for the State Examination

Management of Landscape Architecture

NAME AND SURNAME:

DATE OF BIRTH:

I declare that I have fulfilled all the necessary conditions and successfully completed the following prescribed courses:

Code	Course	Classification	Date
500LCM	Landscape Construction and Management		
500EBE	Economy of Built Environment		
500P	Law		

In Prague

.....
Student's signature

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