Examination results and evaluation of Ph.D. student per semester
(originial for Dept. of Science & Research, 1 copy student, 1 copy supervisor)

Surname and Name:

Form of study:
Full time/ combined

Year/semester:
(winter/summer):

Study Dept.:  Field of Study:

Surname and Name:……………………………………

Form of study: Full time/ combined

Code  Subject  No. of credits  Lecturer  Examination result  Date of examination and
Lecturer  Examination result
(excellent/pass/failed)  signature of examiner

Evaluation of the Supervisor:
- The evaluation of scientific work and publication activities of students, including a proposal of evaluation credits and its justification*: 

- Evaluation at the Department of training and the workplace, including a proposal for the assessment of teaching practice:

- Overall assessment (ISP performance and study the Rules of Procedure), including the explicit opinion whether to continue/terminate study:

   Prague, date:  Signature of Supervisor:

The opinion of the Head of Dept.:

Prague, date:  Signature, Head of the Dept.:

The opinion of the Chairperson of Branch Board:

Prague, date:  Signature, Chairperson of the Branch Board:

* The list of publications with recommended credits attached.