REQUEST
TO CHANGE THE FORM OF DOCTORAL STUDY

In Prague on

Applicant's name:
Department / Workplace:
Study branch:
Supervisor:
Start date of study:
Study block completed on¹:
State doctoral exam passed on²:
Expected date of handing in doctoral thesis³:
Current study form:
Requested study form:
Change in the study form valid as of:
Reason for this request:

Signature of doctoral student:

Supervisor's statement:

Department Head's statement:

Branch Board statement:

¹ If the study block has not been completed, write the expected date.
² If the state doctoral exam has not been passed, write the expected date.
³ If the change in the form of study starts after the deadline for the standard period of present (full-time) form of study, information on the degree of completion of the doctoral thesis is part of this request.