Applicant’s name:

Department / workplace:

Study branch:

Supervisor:

Start date of study:

State doctoral exam passed on[[1]](#footnote-1):

Expected date of handing in doctoral thesis and the degree of its completion:

Reason for this request[[2]](#footnote-2):

Signature of doctoral student:

Supervisor’s statement:

Department Head’s statement:

Branch Board statement:

1. If the state doctoral exam has not been passed, write the expected date. [↑](#footnote-ref-1)
2. Only the combined (part-time) form of study may be extended. [↑](#footnote-ref-2)