

**REQUEST  
FOR AN EXTENSION OF DOCTORAL STUDY**

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In Prague on

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Applicant's name:

Department / workplace:

Study branch:

Supervisor:

Start date of study:

State doctoral exam passed on<sup>1</sup>:

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

Reason for this request<sup>2</sup>:

Signature of doctoral student:

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Supervisor's statement:

Department Head's statement:

Branch Board statement:

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<sup>1</sup> If the state doctoral exam has not been passed, write the expected date.

<sup>2</sup> Only the combined (part-time) form of study may be extended.