

**REQUEST
FOR INTERRUPTION OF DOCTORAL STUDY**

Page 1/1

In Prague on

Applicant's name:

Department / Workplace:

Study branch:

Supervisor:

Start date of study:

Form of study:

Study block completed on¹:

State doctoral exam passed on²:

Expected date of handing in doctoral work³:

Requested study interruption valid as of:

to:

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 Information on the degree of completion of the doctoral thesis and an overview of all publications including unfinished ones are part of this request.