

**REQUEST
TO CHANGE THE FORM OF DOCTORAL STUDY**

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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.