**Request of acceptance of studying obligations**

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| **Applicant** |
| Applicant's last name, first name and title: |  |
| Date of birth: |  |
| Studyprogramme: |  |
| Form of doctoral studies (full-time/part-time): |  |
| Start of doctoral studies (year): |  |
| Contact address: |  |
| Phone: |  |
| E-mail: |  |

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| **Request of acceptance of studying obligations** |

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| **Justification:** |
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| Date and applicant's signature: |  |

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| **Supervisor's statement:**  |
| Agree – Do not agreeRecommended – Not recommendedJustification (if any): |
| Supervisor's last name, first name and title: |  |
| Supervisor's workplace (including address): |  |
| Supervisor's contact details (phone, e-mail): |  |
| Date and supervisor's signature: |  |

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| **Statement of the Subject area board:**  |
| Subject area boardagrees – Subject area boarddisagreesRecommended – Not recommendedJustification (if any): |
| Last name, first name and title of Subject area board Chairman: |  |
| Date and signature of Subject area boardChairman:  |

**The following shall be provided with the request:**

Corresponding documents (copy of course completion certificates, copy of Record book naming the courses, exams, etc.) to support the request. Copies must be legible.

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| **Records of the Department for Ph.D. Study:** |
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