**Request for change of the form of study**

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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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| **I hereby request a change in the form of study from full-time/part-time to full-time/part-time (**choose your required option). |

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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 board agrees –Subject area board disagreesRecommended – Not recommendedJustification (if any): |
| Last name, first name and title of Subject area board Chairman: |  |
| Date and signature of Subject area board Chairman: |

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