**Request of acceptance of studying obligations**

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

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

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| **Supervisor's statement:** | |
| Agree – Do not agree  Recommended – Not recommended  Justification (if any): | |
| Supervisor's titles, first name and last name: |  |
| 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 boarddisagrees  Recommended – Not recommended  Justification (if any): | |
| Chairman's of subject area board titles, first name and last name: |  |
| Date and chairman's of subject area boardsignature: | |

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

Corresponding documents (copy of course completion certificates, copy of University Study Report naming the courses, exams, etc.) to support the request. **Copies must be legible.** Images taken by mobile phone cannot be accepted.

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| **Records of the Department for PhD Study:** | |
| Delivered on: |  |
| Forwarded to the SAB: |  |
| Returned by the SAB: |  |
| Statement by the dean on: |  |
| Notification sent on: |  |
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