**Charles University**
**Second Faculty of Medicine**

**Amendment No. .......**

to individual study plan
in doctoral studyprogramme

|  |  |
| --- | --- |
| Applicant's title, first name and last name: |  |
| Date of birth: |  |
| Studyprogramme, year: |  |
| Contact address: |  |
| Phone and e-mail: |  |

**I hereby request a change in my approved individual plan of studies, as indicated below:**

|  |
| --- |
| New studying obligation, cancelled studying obligation, change in the date of fulfillment of the studying obligation, specification of other activities and duties, e.g.: \* |
| *Original subject (course):**New subject*:*Justification*: |
| *Original date of fulfillment of studying obligation*: *New date of fulfillment of studying obligation*: *Justification*: |
| *Other*:  |

|  |  |
| --- | --- |
| Date and student's signature |  |
| Supervisor's titles, first name, last name and workplace:Date and signature: | I agree – I do not agree |

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| --- |
| The Subject area boarddiscussed on …………… the request and **agrees – does not agree with the change of individual study plan**  |
| Chairman's of subject area board titles, first name and last name:Date and signature: |  |

\* Add lines if needed.

\*\* For a new studying obligation the “Original scheduled date” box shall be crossed out and the date of scheduled fulfillment entered in the “New fulfillment date” box,
 For cancelling a studying obligation the date stated originally in the individual plan of studies shall be entered in the “Original scheduled date” box and the word “cancelled” written in the “New fulfilment date” box.

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