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

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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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| **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 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 board agrees –Subject area board disagrees  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 board signature: | |

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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/vice-dean on: |  |
| Notification sent on: |  |
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