



### Application for a scholarship

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

<p><b>I hereby request an increase in the scholarship</b> (the scholarship increases after the completion of the doctoral state examination automatically, so no request needs to be submitted)</p>
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<p><b>Justification:</b></p> <p>(To be documented according to the Scholarship and Bursary Rules of Charles University and the Rules for Awarding Scholarships and Bursaries at the Second Faculty of Medicine of Charles University.)</p>	
Date and applicant's signature:	

<b>Supervisor's statement:</b>	
Agree Disagree for the following reasons:	
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:	

<b>Statement of the Dean/Vice-Dean:</b>	
SAB agrees SAB disagrees for the following reasons:	
Titles, first name and last name of the dean/vice-dean:	
Date and signature of the dean/vice-dean:	

<b>Records of the Department for PhD Study:</b>	
Delivered on:	
Forwarded to the SAB:	
Returned by the SAB:	
Statement by the dean/vice-dean on:	
Notification sent on:	