



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 study programme: | |
| Form of study (full-time/part-time): | |
| Start of study (year): | |
| Contact address: | |

I hereby request a change in the form of study from full-time/part-time to full-time/part-time (cross out as needed).

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

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| Supervisor's statement: | |
| 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: | |

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| Statement of the subject area board: | |
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| SAB agrees | |
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| SAB disagrees for the following reasons: | |
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| SAB chairman's titles, first name and last name: | |
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| Date and signature: | |
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| Records of the Department for PhD Study: | |
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| Delivered on: | |
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| Forwarded to the SAB: | |
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