



Request to change the date of the SDE/defence*

Applicant	
Applicant's title, first name and last name:	
Date of birth:	
Doctoral study programme:	
Start of study (year):	
Contact address:	

I request a change of the date of the state doctoral examination/change of the date of the defence*.

Justification:	
I hereby apologise that I am unable to attend the SDE/defence* on the scheduled date of due to the following reasons:	
Date and applicant's signature:	

***Delete/cross out as needed.**

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:	

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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Chairman of subject area board titles, first name and last name:	
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Date and signature:

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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