

CHARLES UNIVERSITY Second Faculty of Medicine

Request for State Doctoral Examination

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

Request for state doctoral examination.

I hereby confirm that I have fulfilled all study obligations prescribed by the individual study plan and I request to sit the state doctoral examination as soon as possible.

Date and applicant's signature:	
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:	I confirm that the student has fulfilled all the study obligations prescribed by his/her individual study plan.

The following shall be provided with the request:

- 1. A signed professional curriculum vitae in English (electronically and in hard copy).
- 2. List of publications and lectures (electronically and in hard copy).
- 3. All publications (electronically and in hard copy).
- 4. English language certificate (if requested by the Subject Area Board).
- 5. A copy of the study credit book with fulfilled courses (electronically and in hard copy).

All appendices must be in legible form. Images taken with a mobile phone cannot be accepted.

Please send all these appendices also in electronic form via e-mail.

Please take the study credit book to the State doctoral examination.

Statement of the subject area board	1:
SAB agrees	
SAB disagrees for following reason	IS:
Chairman of subject area board	
titles, first name and last name:	
Date and signature:	

Records of the Department for PhD Study:	
Delivered on:	
Forwarded to the SAB:	