CHARLES UNIVERSITY
Second Faculty of Medicine

Application for a scholarship

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:	
Phone:	
E-mail:	

I hereby request an increase in the scholarship

(the scholarship increases after the completion of the doctoral state examination automatically, so no request needs to be submitted)

Justification:	
(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.)	
Date and applicant's signature:	

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 Dean/Vice-Dean:	
○ 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:	

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:	