CHARLES UNIVERSITY
Second Faculty of Medicine

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:	
○ SAB agrees ○ SAB disagrees for the following reasons:	
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:	