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.

<u>The following shall be provided with the request:</u>

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:	
○ SAB agrees ○ SAB disagrees for 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:	