**Request for a Change in Student´s Supervisor**

of the Doctoral Study Program; initiated by: ……………………………

**First Name, Last Name(s), Academic Degree(s):**

Student Identification Number:

Degree Program/Degree Course:

Form of Studies:

Supervisor/Consulting Supervisor:

Entry to Doctoral Studies:

I would like to ask for a Change in Student´s Supervisor of the Doctoral Study Program:

**Name of the New Supervisor:**

**Grounds of Request:**

Zlín, Date **……………..……..** ……………………………………. Initiator´s Signature

**Original Supervisor´s Standpoint, (if not also the Initiator):**

........…………………………………….

 Date and Original Supervisor´s Signature

**New Supervisor´s Standpoint:**

……………………………………. Date and New Supervisor´s Signature

**Study Program Board´s Standpoint:**

…….……………………………

Date and SPB Chair´s Signature

**Training Centre´s Standpoint:**

…….……………………………

Date and Dean´s Signature