**Request for a Change in the Student´s Consulting 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 the Student´s Consulting Supervisor of Doctoral Study Program:

**Name of the New Consulting Supervisor:**

**Grounds of Request:**

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

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

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

**New Consulting Supervisor´s Standpoint:**

………….……………………………………

Date and New Consulting Supervisor´s Signature

**Study Program Board´s Standpoint:**

…….……………………………

Date and SPB Chair´s Signature

**Training Centre´s Standpoint:**

…….……………………………

Date and Dean´s Signature