

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 Standpoin	t:		
	Date and New Consulting Supervisor's Signature		
Study Program Board's Standpoint:			
	Date and SPB Chair's Signature		
Training Centre's Standpoint:			