**A Proposal to Terminate the Studies
of a Student of the Doctoral Study Program**

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

**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 propose to terminate the studies of the above named student of the Doctoral Study Pogram.

**Grounds:**

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

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

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

**Study Program Board´s Standpoint:**

…….……………………………

Date and SPB Chair´s Signature

**Training Centre´s Standpoint:**

…….……………………………

Date and Dean´s Signature