

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 Program.

Grounds:

Zlín, Date

.....
Initiator's Signature

Supervisor's Standpoint (if not also the Initiator):

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Date and Supervisor's Signature

Study Program Board's Standpoint:

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Date and SPB Chair's Signature

Training Centre's Standpoint:

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Date and Dean's Signature

The Request is submitted to the Research and Development Activities Department.