**Request for the Extention of Studies
in the Doctoral Degree Study Program**

**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 the extention of studies in the Doctoral Degree Study Program
to ………………………...…. .

**Grounds of Request:**

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

**Supervisor´s Standpoint:**

……………………………………. 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