

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:

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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.