**Notification of the Termination 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 announce the termination of my studies in the Doctoral Study Program.**

**Grounds:**

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

**Training Centre´s Standpoint:**

Zlín, Date **……………..……..** …….…………………………...…

 Dean´s Signature