

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

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Student's Signature

Training Centre's Standpoint:

Zlín, Date

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Dean's Signature