**Request for the Acknowledgement**

**of Activities in the Scientific-professional Part of the Doctoral Study Program**

Name of the Activity:

**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:

**Grounds of Request:**

*An overview of the results demonstrating the fulfillment of the requirements for recognition of the given activities in the scientific-professional part of the Doctoral Study Program. In the case of publication outputs, this is a citation of the outputs with the indication of the mental share in percent.*

*Copies of the publications (or a SCOPUS or WoS Statement), or proof-of-compliance, will be attached to the application.*

Zlín, Date ……………..…….. ……………………………………. Initiator´s Signature

**Vice Dean´s Standpoint:**

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 Date and Vice Dean´s Signature

**DSP Guarantor´s Decision:**

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 Date and DSP Guarantor´s Signature