## 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:

Date and Vice Dean's Signature

## **DSP Guarantor's Decision:**

*The completed application - signed by the applicant, including attachments demonstrating compliance with the recognition requirements, is handed over to the FAI Research and Development Activities Department.* 



Date and DSP Guarantor's Signature

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