

Student's Name:

Student Ident. Number:

Overview of activities undertaken during the Doctoral Study Program

a) Examinations Taken:

Name of Subject	Date
1.	
2.	
3.	
4.	
5.	
6.	
(State Doctoral Examination)	

b) Educational Activities (e. g. courses taught, preparation of laboratory tasks, etc.)

c) Participation in Research Projects

d) Other Activities (e. g. seminars, competitions, professional experience, mobility, etc.)

Zlín, Date

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Student's Signature

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Date and Supervisor's Signature