**Application for recognition of examinations from previous studies in a doctoral study programme**

*according to the Study and Examination Regulations for CTU students in Prague, part 4, Article 31, para. 6 b)*

**Doctoral student**

|  |  |
| --- | --- |
| Name Surname TittleDate of commencement of studies Email @Mobile phone **+ –** Forma of study  | Study programme Supervisor Supervisor specialist  |

**I am requesting the recognition of an exam from a previous study in the subject:**

**(incl. assessment, exam date. If the student passed the exam at another CTU faculty or another university, proof of passing the exam is required)**

|  |  |
| --- | --- |
| *date* |  ............ ...... .............................................................................................................................................. *Signature of the doctoral student* |

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| --- | --- |
| **Supervisor's** statementIn compliance with the above request: 🞏 🞏 I agree I disagree..............................................................*Supervisor's* signature | **Statement of the head of the department**In compliance with the above request: 🞏 🞏 I agree I disagree .......................................................................................*signature of the head of the department (workplace)* |

Dean's Statement

With the above request being granted 🞏 🞏

 : I agree Disagree

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 Dean's signature