**Request** **of change in the doctoral study program**

**Doctoral student**

Name Date of birth

Surname  Personal identification number

TitleE-mail @

Date of commencement of studies Mobile phone **+     –**

|  |  |
| --- | --- |
| **Current status**Study programme Form of study Supervisor      Dissertation topic      | **Required status**Study programme **\***Form of study **\***Supervisor \*Dissertation topic **\*** |

*\* according to the requested change, please select / list the change to the "required status"*

**Justification of the request**

- required -

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| --- | --- | --- |
|      *Date* | …………………………………*Signature of doctoral student* | …………………………………………………….*Signature of the supervisor**or both supervisors (in case of change of supervisor)* |

**Statement of the head of the department**

With the above request for the required condition:

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 I agree I do not agree ……………………………………………………

 *Signature of the head of the department*

**Statement of the chairman of the Specialist Advisory board (SAB)**

With the above request for the required condition:

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 I agree I do not agree …………………………………………………………

 *Signature of the chairman of SAB*

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| --- | --- |
| **Statement of the Vice-Dean for Scientific and Research Activities**With the above request for the required condition: 🞏 🞏 I agree I do not agree……………………………………………………*Signature of the Vice-Dean for Scientific and Research Activities* | **Dean's statement**With the above request 🞏 🞏 I approve I do not approve……………………………………………………*Signature of the dean* |