**Proposal to change the individual study plan**

*according to the Study and Examination Regulations for students of CTU Prague, section 4, art. 26, para. 6 a)*

**Doctoral student**

|  |  |
| --- | --- |
| Name  Surname  Title  Date of commencement of studies  E-mail @  Mobile phone **+     –**  Form of study | Study programme    Department    Supervisor  Specialist supervisor |

**Proposed subject change**

Justification: **- required -**

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

|  |  |
| --- | --- |
| **Signature of the supervisor**        …………………………………………………………  *date* Signature of the supervisor | |
| **Statement of the chairman of the Specialist Advisory board (SAB)**  In response to the above request:  🞏 🞏  I agree I do not agree  ……………………………………………………  *Signature of the president of SAB* | **Statement of the head of the department**  In response to the above request:  🞏 🞏  I agree I do not agree  ……………………………………………………  *Signature of the head of the department* |