**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 TitleDate 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* |

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| **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* |