**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  Tittle  Date 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** statement  In 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