**Request for interruption of doctoral studies**

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

**Doctoral student**

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

**I request an interruption of my doctoral studies from**       **to**

Justification: **- required -**

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

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| **Statement of the chairman of the Specialist Advisory board (SAB)**  In response to the above request:  🞏 🞏  I recommend I do not recommend  ……………………………………………………  *Signature of supervisor* | **Statement of the head of the department**  In response to the above request:  🞏 🞏  I recommend I do not recommend  ……………………………………………………  *Signature of the head of the department* |
| **Dean's statement**  In response to the above request:  🞏 🞏  I agree I do not agree …………………………………………………………  *signature of the dean* | |

*Note: After the period of study interruption, the right to re-enroll in the study arises. After the end of the interruption, the student is obliged to report the entry to the department within 5 days in the Department of Science and Research of the Dean's Office of the Faculty of Transport (No. 313).*