**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* |