**CHARLES UNIVERSITY  
Third Faculty of Medicine**

**APPENDIX no. ………**

TO THE INDIVIDUAL STUDY PLAN IN THE POSTGRADUATE DOCTORAL STUDY PROGRAMME

| Academic degree, first name and surname of the supplicant: |  |
| --- | --- |
| Date of birth: |  |
| Study programme, current year: |  |
| Contact address: |  |
| Telephone and e-mail: |  |

**I request the undermentioned change in my already approved study plan:**

| New study obligation, cancelled study obligation, change of the previewed date of completion of a study obligation, specification of other activities and tasks, e.g.: \* |
| --- |
| *Original subject (course)*:  *New subject (course):*  *Justification*: |
| *Original previewed deadline of completion of a study obligation*:  *New scheduled date of completion of a study obligation*:  *Justification*: |
| *Other*: |

| Date and signature of the postgraduate student: |  |
| --- | --- |
| Name, surname and workplace of the supervisor:  Date and signature: | approved – not approved |

| On the date of …………… the respective Subject Area Board (SAB) debated all the proposed changes to the individual study plan and with them it  **agrees – does not agree** | |
| --- | --- |
| Chairman of the SAB  *(first name and surname):*  Date and signature: |  |

\* Increase the number of lines in accordance with your needs.

\*\* In the case of a new study obligation the line mentioning the original previewed deadline shall be crossed out. The newly planned deadline should be then written under the new scheduled date of completion.

If the study obligation gets cancelled, the box "original previewed deadline" should contain the date previously mentioned in your individual study plan whereas the box "new date of completion" should contain the word "cancelled".