**Third Faculty of Medicine, Charles University**

**Postgraduate Doctorate Studies**

Name and surname: ...................................................................... Year: .......................

Programme: ................................................................................................................................

Address: .................................................................... Telephone: ….....................................

**REQUEST**

for ..............................................................................................................................................

Statement of grounds:

Date:

 .............................................

 Signature of student

|  |
| --- |
| Statement of the Supervisor: ……………………………...Date: signature |
| Statement of the Chairman of Doctoral Study Board : ……………………………...Date: signature |
| Statement of the Dean/Vicedean: ……………………………...Date: signature |