

**REQUEST
FOR AN EXTENSION OF DOCTORAL STUDY**

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In Prague on

Applicant's name:

Department / workplace:

Study branch:

Supervisor:

Start date of study:

State doctoral exam passed on¹:

Expected date of handing in doctoral thesis and the degree of its completion:

Reason for this request²:

Signature of doctoral student:

Supervisor's statement:

Department Head's statement:

Branch Board statement:

¹ If the state doctoral exam has not been passed, write the expected date.

² Only the combined (part-time) form of study may be extended.