



Application for state doctoral examination

PhD Student's name, surname and degree:

Date and place of birth:

E-mail: Phone:

Supervising Department:

Supervisor:

Specialist Supervisor:

PhD study commencement date:

Type of study: full-time combined

Study programme/branch:

Study block completion date:

Topic of Dissertation:

On (date), the Supervisor verified that the courses entered in the Individual Study Plan agree with passed examinations entered in the iKOS study information system

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Supervisor's signature

.....
PhD Student's signature

.....
Supervising Department Head's signature

.....
Branch Board Chair's signature

Compulsory enclosures (in electronic form):

1. List of all publications – copies of three most significant ones (including their potential responses).
An excerpt from the V3S database must be enclosed.
2. Study for professional debate

The Application was received by the Department of Research and Development on: