**Request form**

|  |  |
| --- | --- |
| Name and surname of PhD. student: |  |
| Date and place of birth: |  |
| Address: |  |
| Study program and form of study:  |  |
| Field of study:  |  |
| Beginning of the study: |  |
| Year of the study: |  |
| Title of PhD. thesis: |  |
| Supervisor: |  |
| I hereby student request for: |  |
|  |
|  |
| Please state full reasons for your request:  |  |
|  |

Date: *.............................* *......................................*

 signature of PhD. student

**Statement of the person responsible for a doctoral study program:**

*I approve – I do not approve\**

Date: *.............................* *......................................*

 signature of person responsible

 for a doctoral study program

**Statement of the dean:**

*I agree – I disagree\**

*\** strikethrough inappropriate option

In Košice, date: *......................................*

 signature of dean