**Faculty of Education, Palacký University Olomouc**

**Office of Doctoral Studies**

**Žižkovo nám. 5**

**771 40 Olomouc**

**Request Form**

**Name and Surname Personal Identification Number**

**Address, Postal Code**

**E-mail, Telephone**

**Study Programme**

**Field of Study**

**Year of Study Form of Study**

**I hereby request:**

**Rationale:**

**Date:** Signature **………………………………………….**

**Approvals:**

**Supervisor:** I do/do not approve Date, Signature

**Chairperson of Subject Area Board:** I do/do not approve Date, Signature

**Dean:** I do/do not approve Date, Signature