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: