Student’s Request

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| VŠB-TUO,T7. Tistopadu 1S/2172 708 33 Ostrava-Poruba | Name(s) and surname:Date of birth: | Login: |
| Confacf *address*City: | Street and number:Post Code: | Country: |
| Type of study: bachelor‘sf. master‘sdoctoral | Form of study: full-time | Academic year:Year:Branch: |
| **Date:**Student’s signature: |

**Recommendation of Department/Supervisor (Ph.D.)**

I recommend granting the request

I do not recommend granting the request

Comments:

Date:

Signature:

Decision of Vice-dean/Doctoral studies board/Dean

I grant the request

I reject the request

Comments:

Date:

Signature: