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‘s  f. master‘s  doctoral | 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: