

Student's Request

VŠB-TUO, 17. listopadu 15/2172 708 33 Ostrava-Poruba	Name(s) and surname:		Login:
	Date of birth:		
	Contact address Street and number:		
	City:	Post Code:	Country:
Type of study: <input type="checkbox"/> bachelor's <input type="checkbox"/> f. master's <input type="checkbox"/> doctoral	Form of study: <input type="checkbox"/> full-time <input type="checkbox"/> part-time	Academic year: Year: Branch:	
Date: _____ Student's signature: _____			

Recommendation of Department/Supervisor (Ph.D.)

<input type="checkbox"/> I recommend granting the request	<input type="checkbox"/> I do not recommend granting the request
Comments:	
Date: _____	Signature: _____

Decision of Vice-dean/Doctoral studies board/Dean

<input type="checkbox"/> I grant the request	<input type="checkbox"/> I reject the request
Comments:	
Date: _____	Signature: _____