

Request for Permission to Defend the Dissertation

(doctoral Study Program, § 47 of the Act. no. 111/98 Sb.)

Name and Surname PhD Student

Date and Place of Birth

Nationality **Nation**

Higher Education (Name of the School)

Home Address (or Phone)

Workplace - Address - Phone, Fax

Form of PhD Study

Beginning of PhD Study

Field of PhD study

Supervisor

Title of the Dissertation in English

In Brno

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Signature

- The Request must be accompanied by:
- 5 Copies of the Dissertation
 - 6 or more Copies of the Thesis Dissertation (depending on the Number of Committee Members)
 - Review of Supervisor
 - List of own Publications
 - Copies of Publications related to the topic of Dissertation