

Faculty of Mechanical Engineering
Brno University of Technology
Study Department
Technická 2, 616 69 Brno
Phone: 541 142 144

Request for Permission to State Doctoral Exam

(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)

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Workplace - Address - Phone, Fax

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Form of PhD Study

Beginning of PhD Study

Field of PhD study

Supervisor

Title of Treatise for State Doctoral Examination

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In Brno

.....

Signature

The Request must be accompanied by:

- 2 Copies Treatise for State Doctoral Examination (range of Treatise up to 20 pages)
- Review of Supervisor
- List of own Publications