

Faculty of Medicine, Masaryk University in Brno

REPORT of State Doctoral Examination

Surname and first/middle
name of Ph.D. student:

Area of study:

Specialisation:

Start of doctoral study: **full-time**

Training institution:

Supervisor:

Subject of examination:

Chairperson of examination
commission:

Members of commission:

Questions set:

Date of examination:

Result of examination:

Signature of examination
commission chairperson:

Signatures of
commission members: