

**Click or tap here to enter the text.**  
**Faculty of Pharmacy**  
**Masaryk University**  
**Palackého třída 1946/1**  
**612 00 Brno, Česká republika**

Date

**Request to take the entrance examination for the doctoral study programme Select the item in a distance form.**

Dear Chairperson,

I am contacting you with a request to take the entrance exam in a distance form.

Justification for the request: Click or tap here to enter text.

Annexes to the application: Click or tap here to enter text.

Thank you

Yours sincerely

**Click or tap here to enter the text.**

Click or tap here to enter the text.

**Masaryk University, Faculty of Pharmacy**

Palackého třída 1946/1, 612 00 Brno, Czech Republic

Phone: +420 541 562 801, Email: [info@pharm.muni.cz](mailto:info@pharm.muni.cz), [www.pharm.muni.cz](http://www.pharm.muni.cz)

Bank account: 85636621/0100, KB Brno-město, ID: 00216224, TIN: CZ00216224

Please quote our reference number in your reply.