

## Application for the State Doctoral Examination

Name, surname, degree: .....

Contact address incl. POSTAL CODE: .....

Contact (phone, e-mail): .....

Doctoral study programme: .....

Year and form of study: .....

Title of the dissertation:  
(*in Czech*)

Title of the dissertation:  
(*in English*)

.....  
Date and signature of the student

The supervisor agrees to submit an application for the state final examination.

.....  
Name of supervisor

.....  
Date and signature of the supervisor

The application form includes:

- signed professional CV of the PhD student
- summary of publication activities
- the thesis of the dissertation, unless the application for the defence of the dissertation is submitted at the same time

**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