

## Application for Doctoral State Examination

Name, surname, title: .....

Contact address: .....

E-mail, telephone: .....

Study programme: .....

Field of study/Study plan: .....

Year of study: ..... Form of study:  full-time  combined

PhD thesis topic:

.....  
date and student's signature

Supervisor: .....  
(name and workplace)

.....  
date and supervisor's signature

**The head of the Doctoral Board\*/Doctoral Committee with this confirms that the student has completed all theoretical courses required by the doctoral study programme to be completed before the doctoral state examination:**

Head of the Doctoral Committee: .....  
(date and signature)

\*) only if the programme has constituted Doctoral Committees

Head of the Doctoral Board: .....  
(date and signature)

**Please enclose to this application your transcript of record (list of courses completed during your PhD studies) to allow the head of Doctoral Board/Committee to check whether you have completed all courses mandatory for your study programme.**

*A student can enrol for the state doctoral examination if he/she fulfils all the obligations stipulated by the Study and Examination Regulations of MU, Article 32 (<https://www.muni.cz/en/about-us/official-notice-board/mu-study-and-examination-regulations>), at least to the extent specified by the doctoral study programme for this examination.*