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| Name(s) and surname:       | Login:  | Deliver the Request to Study Office of FEECS, or send by post to address:VSB-TUO, FEECS17. listopadu 2172/15708 00 Ostrava-PorubaCzech Republic |
| Date of birth:       |  |
| *Contact address* Street and number:       |
| City:        | Post Code:        | Country:       |
| Type of study: [ ]  doctoral[ ]  bachelor‘s [ ]  f. master‘s | Academic year:      Year:      Programme:      Branch:      Specialization:       |
| Form of study:[ ]  full-time [ ]  part-time |
|       |
| Date:       Student’s signature: |

**Recommendation of Department/Supervisor (Ph.D.)**

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| [ ]  I recommend granting the request [ ]  I do not recommend granting the request Comments:Date: Signature: |

**Decision of Vice-dean/Doctoral studies board/Dean**

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| [ ]  I grant the request [ ]  I reject the request [ ]  I acknowledge Comments:Date: Signature: |