P. J. Šafárik University in Košice, Faculty of Science

Šrobárova 2, 041 54 Košice

**Application for the dissertation examination**

Name of PhD student: ......................................................................................................................

Residential address: .........................................................................................................................

Phone: ...................................................... E-mail: ......................................................................

Workplace: ..................................................................................................................................

Workplace address: .......................................................................................................................

Supervisor: …………………………………. E-mail: ...........................................................

Date of entry to PhD study .............................. Form of study: full-time - external

Dissertation Examination Date: ...................................

I hereby apply for PhD dissertation examination:

Name of the study field: …………….............................................................................................

Name of the study programme: ......................................................................................................

Hereby I enclose a written thesis entitled:

................................................................................................................................................................................................................................................................ within the scope of ..........pages,

which includes a short-written interpretation of the dissertation project.

In Košice on: .................................................. signature of PhD student

Subjects of the dissertation examination:

**1.**

**2.**

**3.**

**The opponent of the dissertation according to the supervisor's proposal (name, workplace address, email):**

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**Proposed date, time and place of the dissertation examination:**

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supervisor supervisor’s signature

The proposal of the chairman of the study field committee for the chairman and members of the examination committee:

Name, surname, title Workplace

Chairman: ................................................ ...........................................

Members: ................................................ ..........................................

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In Košice on: ……………………….´

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chairman of the study field committee signature of the chairman