**First Faculty of Medicine of Charles University**

**Doctoral (PhD) studies**

# Application for defence of the Dissertation Thesis

Programme and field of doctoral studies:

Doctorand’s surname and first name, incl. titles:

Doctorand’s nationality (and ethnicity):

Full address of doctorand’s place of work (incl. post code, phone number or e-mail):

Full address of doctorand’s place of residence work (incl. post code, phone number or e-mail):

Supervising Tutor’s surname, first name, titles and institution:

Title of dissertation thesis (in both Czech and English language):

Date of commencement of doctoral studies:

Form of doctoral studies (full-time/combined):

State doctoral examination passed on (date):

Language examination passed on (specify what examination):

Thereby I apply for admission to the defence of the Dissertation thesis.

Date:

Doctorand’s signature: