



# APPLICATION TO RESCHEDULE THE FINAL STATE EXAMINATION

## I. PERSONAL DETAILS

Surname:	_____	First name:	_____
Degree(s):	_____	Date of birth:	_____
Permanent address:	_____		
Contact address:	_____		
Telephone:	_____	E-mail:	_____

## II. STUDY DETAILS

Faculty/Institute:	_____	Academic year:	_____	Year:	_____
Type of studies:	<input type="radio"/> Bachelor / <input type="radio"/> Master	Form of studies:	<input type="radio"/> Full-time / <input type="radio"/> Part-time		
Study programme, field of study:	_____				

## III. APPLICATION DETAILS

Justification of the application for rescheduling the final state examination: .....

\_\_\_\_\_ Date \_\_\_\_\_ Signature of the applicant

## IV. OPINION OF THE SUPERVISOR OF THE BACHELOR PROJECT / MASTER'S THESIS

I agree  
 I do not agree for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Name and signature

## V. OPINION OF HEAD OF THE DEPARTMENT

I agree  
 I do not agree for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Name and signature

## VI. DECISION OF DEAN

I agree  
 I do not agree for the following reasons: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Signature of dean/director